**Online-Only Supplements**

**Economic analyses of supported employment programmes for people with mental health conditions: a systematic review**

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# S1: Search Strategies in bibliographic databases

**MEDLINE search strategy**

The search terms for MEDLINE are listed below. This search strategy was adapted for the other electronic databases. We explicitly did not include costing terms in most database searches as we wanted to maximise the number of papers to examine on supported employment and IPS. This was to ensure that papers without overt economic terms might also contain economic analysis.

1. exp employment, supported/
2. exp return to work/
3. “individual support”.tw.
4. ips.tw. AND employment.tw.
5. “supported employment”.tw.
6. “individual placement”.tw
7. (“return to work” OR “return-to-work” OR “work participation”).tw.
8. (“work disability” OR “work rehabilitation” OR “work retention”).tw.
9. exp disabled persons/
10. exp work/
11. exp occupations/

12. (occupation$ OR vocational$).tw.

13. OR/ 10-12

14. 9 AND 13

15. ("Job coach” OR “Employment coach” OR “Employment advis?r” OR“ Employment specialist”).tw

16 7 AND 10

17 OR /1-8

18 14 OR 16 OR 17

19. Limit 18 to 20090101 202110818

**Business Source Complete (EBSCOhost database)**

1. DE "VOCATIONAL rehabilitation" OR DE "SUPPORTED employment"
2. (DE "RETURN to work programs") OR (DE "EMPLOYMENT reentry")
3. "individual support".tw.
4. IPS.tw. AND employment.tw.
5. "SUPPORTED EMPLOYMENT".tw.
6. "INDIVIDUAL PLACEMENT".tw.
7. "Return to work".tw. OR "return-to-work" OR “work participation”
8. "WORK DISABILITY".tw. OR "WORKREHABILITATION" OR "work retention" OR "vocational rehabilitation"
9. DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities"
10. "Job coach” OR “Employmentcoach” .tw. OR “Employment advis?r” OR“ Employment specialist”
11. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 8
12. DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities"
13. (DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities") AND (7 OR 8)
14. 7 OR 8
15. 9 AND 14
16. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 10
17. 15 OR 16
18. Limit 17 to 20090101 202110818

**CINAHL**

1. (MH “Rehabilitation, Vocational+”)
2. (MH "Job Re-entry")
3. TX "individual support"
4. TX IPS AND TX employment
5. TX "SUPPORTED EMPLOYMENT"
6. TX "INDIVIDUAL PLACEMENT"
7. TX "Return to work" OR "return-to-work" OR “work participation”
8. TX "WORK DISABILITY" OR "WORK REHABILITATION" OR "work retention" OR "vocational rehabilitation"
9. MH "Employment of Disabled+") OR (MH "Disability Management") OR (MH "Employee, Disabled+")
10. (MH "Work+")
11. (MH "Occupations+")
12. TX occupation\* OR vocational\*
13. 10 OR 11 OR 12
14. (10 OR 11 OR 12) AND (9 AND 13)
15. TX "Job coach” OR “Employment coach” OR “Employment advis?r” OR “Employment specialist”
16. 7 AND 10
17. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 8
18. 14 OR 16 OR 17
19. Limit 18 to 20090101 202110818

**EMBASE**

|  |  |
| --- | --- |
| 1 | exp supported employment/ |
| 2 | (supported adj1 employment).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 3 | (individual adj1 placement).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 4 | (individual adj1 support).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 5 | (IPS and employment).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 6 | exp Return to work/ |
| 7 | (return adj1 to adj1 work).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 8 | (work adj1 participation).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 9 | 6 or 7 or 8 |
| 10 | exp work/ |
| 11 | exp disabled person/ |
| 12 | (work adj1 disability).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 13 | (work adj1 rehabilitation).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 14 | (work adj1 retention).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 15 | (vocational adj1 rehabilitation).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 16 | (job adj1 coach).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 17 | (employment adj1 coach).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 18 | (employment adj1 advis?r).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 19 | (employment adj1 specialist).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] |
| 20 | 1 or 2 or 3 or 4 or 5 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 |
| 21 | 9 and 11 |
| 22 | 10 and 11 |
| 23 | 20 or 21 or 22 |
| 24 | limit 23 to yr="2000 - 2021" |
|  |  |

**EconLit**

1. DE "VOCATIONAL rehabilitation" OR DE "SUPPORTED employment"

2. (DE "RETURN to work programs") OR (DE "EMPLOYMENT reentry")

3. "individual support".tw.

4. IPS.tw. AND employment.tw.

5. "SUPPORTED EMPLOYMENT".tw.

6. "INDIVIDUAL PLACEMENT".tw.

7. "Return to work".tw. OR "return-to-work" OR “work participation”

8. "WORK DISABILITY".tw. OR "WORKREHABILITATION" OR "work retention" OR "vocational rehabilitation"

9. DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities"

10. "Job coach” OR “Employment coach” .tw. OR “Employment advis?r” OR“ Employment specialist”

11. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 8

12. DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities"

13. (DE "EMPLOYMENT of the mentally ill" OR DE "EMPLOYMENT of people with disabilities") AND (7 OR 8)

14. 7 OR 8

15. 9 AND 14

16. 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 10

17. 15 OR 16

18. Limit 17 to 20090101 202110818

**IBSS (International Bibliography of the Social Sciences**

1. MAINSUBJECT.EXACT("Vocational rehabilitation")"
2. "SUPPORTED employment" (All fields)

2. "RETURN to work program\* OR RETURN to work programme\* (All fields)

3. “Individual Placement and Support” (All field)

4. "SUPPORTED EMPLOYMENT" (All Fields)

6. "INDIVIDUAL PLACEMENT" (All Fields)

7. "Job coach” OR “Employment coach” OR “Employment advis?r” OR“ Employment specialist” (All Fields)

8. Limit 7 to 20090101 202110818

**PsycInfo**

1. exp vocational rehabilitation/

2. supported adj1 employment).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

3. (individual adj1 placement).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

4. (individual adj1 support).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

5. (IPS and employment).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

6. exp Reemployment/

7. (return adj1 to adj1 work).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

8. (work adj1 participation).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

9. 6 or 7 or 8

10. exp disabilities/

11. exp employment status/

12. 10 and 11

13. (work adj1 disability).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

14. (work adj1 rehabilitation).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

15. (work adj1 retention).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

16. (vocational adj1 rehabilitation).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

17. (job adj1 coach).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

18. (employment adj1 coach).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

19. (employment adj1 advis?r).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

20. (employment adj1 specialist).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

21. 9 and 11

22. 1 or 2 or 3 or 4 or 5 or 6

23. 13 or 14 or 15 or 16 or 18 or 19 or 20

24. 12 or 21 or 22 or 23

25. limit 24 to (all journals and yr="2000 - 2021")

# S2: List of included studies

1. Booth D, Francis S, McIvor N, Hinson P, Barton B. Severe mental illness & employment: cost-benefit analysis and dynamics of decision making. Mental Health & Social Inclusion. 2014;18(4):215-23.

2. Chow CM, Croft B, Cichocki B. Evaluating the potential cost-savings of job accommodations among individuals with psychiatric disability. Journal of Vocational Rehabilitation. 2015;43(1):67-74.

3. Christensen TN, Kruse M, Hellstrom L, Eplov LF. Cost-utility and cost-effectiveness of individual placement support and cognitive remediation in people with severe mental illness: Results from a randomized clinical trial. Eur Psychiatry. 2020;64(1):e3.

4. Cimera RE. Supported employment's cost-efficiency to taxpayers: 2002 to 2007. Research & Practice for Persons with Severe Disabilities. 2009;34(2):13-20.

5. Cimera RE. The national costs of supported employment to Vocational Rehabilitation: 2002 to 2006. Journal of Vocational Rehabilitation. 2009;30(1):1-9.

6. Cimera RE. The monetary benefits and costs of hiring supported employees: A pilot study. Journal of Vocational Rehabilitation. 2009;30(2):111-9.

7. Cimera RE. National cost efficiency of supported employees with intellectual disabilities: 2002 to 2007. American Journal On Intellectual And Developmental Disabilities. 2010;115(1):19-29.

8. Cimera RE. The national cost-efficiency of supported employees with intellectual disabilities: the worker's perspective. Journal of Vocational Rehabilitation. 2010;33(2):123-31.

9. Cimera RE. Can community-based high school transition programs improve the cost-efficiency of supported employment? Career Development for Exceptional Individuals. 2010;33(1):4-12.

10. Cimera RE. Supported versus sheltered employment: Cumulative costs, hours worked, and wages earned. Journal of Vocational Rehabilitation. 2011;35(2):85-92.

11. Cimera RE. Does being in sheltered workshops improve the employment outcomes of supported employees with intellectual disabilities? Journal of Vocational Rehabilitation. 2011;35(1):21-7.

12. Cimera RE. Agency Setting as a Factor in the Effectiveness of Supported Employment Programs. Journal of Rehabilitation. 2014;80(2):41-6.

13. Cimera RE. A comparison of the cost-ineffectiveness of supported employment versus sheltered work services by state and demographics of program participants. Journal of Vocational Rehabilitation. 2016;45(3):281-94.

14. Cimera RE, Burgess S, Bedesem PL. Does Providing Transition Services by Age 14 Produce Better Vocational Outcomes for Students With Intellectual Disability? Research & Practice for Persons with Severe Disabilities. 2014;39(1):47-54.

15. Cimera RE, Wehman P, West M, Burgess S. Do sheltered workshops enhance employment outcomes for adults with autism spectrum disorder? Autism: The International Journal Of Research And Practice. 2012;16(1):87-94.

16. Dattilo J. Cost Effectiveness and Hospitalization Rates of Those with Mental Health Issues Using On-Site versus Off-Site Job Coaching. 2020.

17. Deloitte. Individual Placement and Support Programme - Economic Impact Assessment. Scottish Association for Mental Health. London: Deloitte; 2017.

18. Drake RE, Skinner JS, Bond GR, Goldman HH. Social security and mental illness: reducing disability with supported employment. Health Affairs (Project Hope). 2009;28(3):761-70.

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20. Fogelgren M, Ornstein P, Rödin M, Thoursie PS. Is Supported Employment Effective for Young Adults with Disability Pension? Evidence from a Swedish Randomized Evaluation. Journal of Human Resources. 2021:0319-10105R2.

21. Gadenne V, Maglicic M, Nolan D, Wright H, Frerichs J. Individual Placement Support: A Social Impact Bond Model. London: Behavioural Insights Team; 2021.

22. Greig R, Chapman P, Eley A, Watts R, Love B, Bourlet G. The cost effectiveness of employment support for people with disabilities. NDTi, March; 2014.

23. Hagen T. Evaluation of a Placement Coaching Program for Recipients of Disability Insurance Benefits in Switzerland. Journal of Occupational Rehabilitation. 2019;29(1):72-90.

24. Hamilton S, Kotecha-Hazzard R, Pinfold V. Project 100: Evaluation of a model of Individual Placement Support delivered through DWP employment services. London: McPin; 2016.

25. Hellström L, Kruse M, Christensen TN, Trap Wolf R, Eplov LF. Cost-effectiveness analysis of a supported employment intervention for people with mood and anxiety disorders in Denmark - the IPS-MA intervention. Nord J Psychiatry. 2021:1-8.

26. Heslin M, Howard L, Leese M, McCrone P, Rice C, Jarrett M, et al. Randomized controlled trial of supported employment in England: 2 year follow-up of the Supported Work and Needs (SWAN) study. World Psychiatry: Official Journal Of The World Psychiatric Association (WPA). 2011;10(2):132-7.

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28. Holmås TH, Monstad K, Reme SE. Regular employment for people with mental illness - An evaluation of the individual placement and support programme. Soc Sci Med. 2021;270:113691.

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30. Indecon. Evaluation of EmployAbility (Supported Employment) Service. Dublin: Department of Social Protection; 2016.

31. Khalifa N, Talbot E, Barber S, Schneider J, Bird Y, Attfield J, et al. A Feasibility Cluster Randomized Controlled Trial of Individual Placement and Support (IPS) for Patients With Offending Histories. Front Psychiatry. 2019;10:952.

32. Kilsby M, Beyer S. A Financial Cost:Benefit Analysis of Kent Supported Employment: A Framework for Analysis. Canterbury: Kent County Council; 2011.

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35. Mavranezouli I, Megnin-Viggars O, Cheema N, Howlin P, Baron-Cohen S, Pilling S. The cost-effectiveness of supported employment for adults with autism in the United Kingdom. Autism: The International Journal Of Research And Practice. 2014;18(8):975-84.

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39. Perkins R, Farmer P, Litchfield P. Realising ambitions: Better employment support for people with a mental health condition. London: Department for Work and Pensions; 2009.

40. Reme SE, Grasdal AL, Løvvik C, Lie SA, Øverland S. Work-focused cognitive-behavioural therapy and individual job support to increase work participation in common mental disorders: a randomised controlled multicentre trial. Occupational And Environmental Medicine. 2015;72(10):745-52.

41. Rosenheck R, Leslie D, Sint K, Lin H, Robinson DG, Schooler NR, et al. Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program. Schizophr Bull. 2016;42(4):896-906.

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43. Sambo T. Economic evaluation in the context of schizophrenia and related psychotic conditions: A systematic review and cost-consequence analysis. 2020.

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52. Tholén SL, Hultkrantz L, Persson M. Economic Evaluation of Supported-Employment Inspired Program for Pupils With Intellectual Disabilities. Nordic Journal of Working Life Studies. 2017;7(1):69-86.

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**\* Same abstract**

# Table S1. Quality assessment

**eTable1 (a): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Booth (2014)1** | **Chow (2015)2** | **Christensen (2020)3** | **Cimera (2009)4** | **Cimera (2009)5** | **Cimera (2009) 6** | **Cimera (2010)7** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | Y | N | Y | Y | N | Y | Y |
| Abstract | 2 | N | N | Y | Y | N | N | N |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | N | Y | Y | Y | Y | Y | Y |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | N | Y | Y | Y | Y | Y | Y |
| Comparators | 7 | N | Y | Y | N | N | N | Y |
| Time horizon | 8 | Y | Y | Y | Y | N | N | Y |
| Discount rate | 9 | N | N | Y | N | N | N | N |
| Choice of health outcomes | 10a | N | N | Y | N | N | N | N |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | Y | Y |
| Measurement of effectiveness | 11a | N | N | Y | N | N | N | Y |
| 11b | N | N | N | Y | Y | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | N | N | Y | Y | N | Y | Y |
| 13b | N | N | N | N | N | N | N |
| Currency, price date, and conversion | 14 | N | N | Y | Y | N | N | Y |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | N | N | N | N | N | N | N |
| Analytical models | 17 | N | N | N | N | N | N | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | Y | N | N | N | N |
| Incremental costs and outcomes | 19 | Y | N | Y | N | N | Y | N |
| Characterising uncertainty | 20a | N | N | Y | N | N | N | N |
|  | 20b | N | N | N | N | N | N | N |
| Characterising heterogeneity | 21 | N | N | Y | Y | N | N | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | N | N | Y | N | N | N | N |
| Conflicts of interest | 24 | N | N | Y | N | N | N | N |

**eTable1 (b): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Cimera (2010)8** | **Cimera (2010) 9** | **Cimera (2011)10** | **Cimera (2011)11** | **Cimera (2014)12** | **Cimera (2016)13** | **Cimera (2014)14** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | Y | Y | Y | N | N | Y | N |
| Abstract | 2 | N | N | Y | Y | N | N | N |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | N | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | Y | N | Y | Y | Y | Y |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | Y | Y | Y | N | N | Y | N |
| Comparators | 7 | N | Y | Y | Y | Y | Y | Y |
| Time horizon | 8 | Y | Y | N | N | N | N | N |
| Discount rate | 9 | N | N | N | N | N | N | N |
| Choice of health outcomes | 10a | N | N | N | N | N | N | N |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | Y | Y |
| Measurement of effectiveness | 11a | N | N | Y | Y | N | Y | Y |
| 11b | Y | N | N | N | N | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | N | Y | Y | Y | N | Y | Y |
| 13b | N | N | N | N | N | N | N |
| Currency, price date, and conversion | 14 | N | N | Y | N | N | Y | N |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | N | N | N | N | N | N | N |
| Analytical models | 17 | N | N | N | N | N | N | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | N | N | N | N | N |
| Incremental costs and outcomes | 19 | N | Y | Y | Y | N | N | Y |
| Characterising uncertainty | 20a | N | N | N | N | N | N | N |
|  | 20b | N | N | N | N | N | N | N |
| Characterising heterogeneity | 21 | Y | Y | N | N | N | Y | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | N | N | N | N | N | N | N |
| Conflicts of interest | 24 | N | N | N | N | N | Y | N |

**eTable1 (c): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Cimera (2012) 15** | **Dattilo (2020) 16** | **Deloitte (2017) 17** | **Drake (2009)18** | **Evensen (2019)19** | **Fogelgren (2021)20** | **Gadenne (2020)21** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | N | Y | Y | N | Y | N | N |
| Abstract | 2 | Y | N | Y | N | Y | N | N |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | N | N | Y | Y | Y | N |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | Y | Y | Y |  | Y | Y | N |
| Comparators | 7 | Y | Y | Y | Y | Y | Y | N |
| Time horizon | 8 | N | Y | Y | Y | Y | Y | N |
| Discount rate | 9 | N | N | N |  | N | N | N |
| Choice of health outcomes | 10a | N | Y | N | Y | Y | N | N |
| Choice of other outcomes | 10b | Y | Y | Y | N | Y | Y | Y |
| Measurement of effectiveness | 11a | Y | Y | N | N | Y | Y | Y |
| 11b | N | N | N | N | N | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | Y | Y | N | N | N | Y | Y |
| 13b | N | N | Y | N | N | N | N |
| Currency, price date, and conversion | 14 | N | N | N | N | Y | N | N |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | N | N | Y | N | N | N | N |
| Analytical models | 17 | N | N | N | N | N | N | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | N | N | N | N | N |
| Incremental costs and outcomes | 19 | Y | Y | Y | N | Y | Y | Y |
| Characterising uncertainty | 20a | N | N | N | N | Y | N | N |
|  | 20b | N | N | Y | N | N | N | N |
| Characterising heterogeneity | 21 | N | N | Y | N | N | N | Y |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | N | N | Y | Y | Y | Y | Y |
| Conflicts of interest | 24 | N | N | N | Y | Y | N | N |

**eTable1 (d): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Greig (2014)22** | **Hagen (2019)23** | **Hamilton (2016)24** | **Hellstrom (2021)25** | **Heslin (2011)26** | **Hoffmann (2014)27** | **Holmas (2021)28** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | Y | N | N | Y | N | N | N |
| Abstract | 2 | N | Y | Y | Y | Y | Y | N |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | N | Y | Y | Y | Y | Y | Y |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | N | Y | N | Y | N | N | Y |
| Comparators | 7 | Y | Y | Y | Y | Y | Y | Y |
| Time horizon | 8 | Y | Y | Y | Y | Y | Y | Y |
| Discount rate | 9 | N | Y | N | N | N | N | Y |
| Choice of health outcomes | 10a | N | N | N | Y | N | N | N |
| Choice of other outcomes | 10b | Y | Y | Y | N | Y | Y | Y |
| Measurement of effectiveness | 11a | N | N | Y | Y | Y | Y | Y |
| 11b | N | N | N | N | N | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | N | Y | N | Y | Y | N | Y |
| 13b | N | N | N | N | N | N | N |
| Currency, price date, and conversion | 14 | N | N | N | Y | N | N | Y |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | N | Y | N | N | N | N | N |
| Analytical models | 17 | N | N | N | N | N | N | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | N | N | N | N | N |
| Incremental costs and outcomes | 19 | N | N | N | Y | N | N | N |
| Characterising uncertainty | 20a | N | N | N | Y | Y | N | N |
|  | 20b | N | Y | N | N | N | N | N |
| Characterising heterogeneity | 21 | N | Y | N | N | N | N | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | Y | N | Y | Y | Y | Y | Y |
| Conflicts of interest | 24 | N | Y | N | Y | N | Y | Y |

**eTable1 (e): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Howard (2010)29** | **Indecon (2016)30** | **Khalifa**  **(2019)31** | **Kilsby**  **(2011)32** | **Knapp**  **(2013)33** | **Lockett**  **(2012)34** | **Mavranezouli**  **(2014)35** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | N | N | N | N | Y | N | Y |
| Abstract | 2 | Y | Y | N | N | Y | Y | Y |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | Y | Y | Y | Y | N | N |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | N | Y | Y | Y | Y | Y | Y |
| Comparators | 7 | Y | Y | Y | N | Y | N | Y |
| Time horizon | 8 | Y | N | Y | Y | Y | N | Y |
| Discount rate | 9 | N | N | N | N | Y | N | Y |
| Choice of health outcomes | 10a | N | N | Y | N | Y | Y | Y |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | Y | Y |
| Measurement of effectiveness | 11a | Y | Y | Y | N | Y | Y | N |
| 11b | N | N | N | N | N | N | Y |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | Y | Y | Y | N | Y | N | N |
| 13b | N | N | N | Y | N | N | Y |
| Currency, price date, and conversion | 14 | N | N | N | Y | N | N | Y |
| Choice of model | 15 | N | N | N | N | N | N | Y |
| Assumptions | 16 | N | N | N | N | N | N | Y |
| Analytical models | 17 | Y | N | N | N | Y | N | Y |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | Y | N | Y | N | Y |
| Incremental costs and outcomes | 19 | Y | Y | Y | N | Y | N | Y |
| Characterising uncertainty | 20a | N | N | N | N | Y | N | N |
|  | 20b | N | N | N | N | N | N | Y |
| Characterising heterogeneity | 21 | N | N | N | N | Y | N | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | N | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | Y | Y | Y | Y | Y | N | Y |
| Conflicts of interest | 24 | N | Y | Y | N | N | N | Y |

**eTable1 (f): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **MentalHealthReform**  **(2018)36** | **Parlettaa**  **(2016)37** | **Parsonage**  **(2009)38** | **Perkins**  **(2009)39** | **Reme**  **(2015)40** | **Rosenheck**  **(2016)41** | **Saha**  **(2018)42** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | N | N | N | N | N | Y | Y |
| Abstract | 2 | N | Y | N | N | Y | Y | Y |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | N | N | N | Y | Y | N |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | Y | Y | Y | Y | Y | Y | Y |
| Comparators | 7 | N | Y | N | Y | Y | Y | Y |
| Time horizon | 8 | Y | Y | N | N | Y | Y | N |
| Discount rate | 9 | N | N | N | N | Y | N | N |
| Choice of health outcomes | 10a | Y | N | N | N | Y | Y | Y |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | N | Y |
| Measurement of effectiveness | 11a | Y | Y | Y | N | Y | Y | Y |
| 11b | N | N | N | Y | N | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | Y | N | Y | N | Y | Y | Y |
| 13b | N | N | N | Y | N | N | N |
| Currency, price date, and conversion | 14 | N | N | N | Y | Y | Y | N |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | Y | Y | N | N | N | Y | Y |
| Analytical models | 17 | N | N | N | N | N | Y | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | Y | N | N | Y | N | N | Y |
| Incremental costs and outcomes | 19 | N | N | N | N | Y | Y | Y |
| Characterising uncertainty | 20a | N | N | Y | N | Y | Y | Y |
|  | 20b | N | N | N | Y | N | N | N |
| Characterising heterogeneity | 21 | N | N | N | N | Y | Y | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | Y | Y | Y | Y | Y | Y | Y |
| Conflicts of interest | 24 | N | N | N | N | Y | N | N |

**eTable1 (g): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Sambo**  **(2020)43** | **Schneider**  **(2016)44** | **Schneider**  **(2009)45** | **Shi**  **(2011)46** | **Stant**  **(2013)47** | **Stroupe**  **(2021)49** | **Sultan-Taïeb**  **(2019)50** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | Y | N | N | Y | Y | Y | N |
| Abstract | 2 | N | Y | N | Y | Y | Y | N |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | Y | Y | Y | N | Y | Y |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | Y | Y | Y | Y | Y | Y | Y |
| Comparators | 7 | Y | Y | Y | Y | Y | Y | Y |
| Time horizon | 8 | Y | Y | Y | Y | Y | Y | N |
| Discount rate | 9 | Y | N | N | N | N | N | N |
| Choice of health outcomes | 10a | Y | Y | Y | Y | Y | N | Y |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | Y | N |
| Measurement of effectiveness | 11a | Y | Y | Y | Y | Y | Y | Y |
| 11b | N | N | N | N | N | N | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | Y | Y | Y | Y | Y | Y | Y |
| 13b | N | N | N | N | N | N | N |
| Currency, price date, and conversion | 14 | Y | Y | N | Y | N | Y | Y |
| Choice of model | 15 | N | N | N | N | N | N | N |
| Assumptions | 16 | Y | N | N | N | N | N | N |
| Analytical models | 17 | Y | N | N | N | N | N | Y |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | N | Y | N | Y | Y |
| Incremental costs and outcomes | 19 | Y | N | Y | Y | Y | Y | N |
| Characterising uncertainty | 20a | Y | Y | N | Y | Y | Y | Y |
|  | 20b | N | N | N | N | N | N | N |
| Characterising heterogeneity | 21 | Y | N | Y | Y | N | N | Y |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | Y | Y | Y | Y | Y | Y | Y |
| Conflicts of interest | 24 | N | Y | Y | N | N | Y |  |

**eTable1 (h): Quality appraisal using modified CHEERS checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section/topic** | **#** | **Szplit**  **(2013)51** | **Tholen**  **(2017)52** | **Van Busschbach**  **(2011)53** | **van Stolk**  **(2014)54** | **WSIPP**  **(2019)55** | **Whitworth**  **(2018)56** | **Yamaguchi**  **(2017) 57** |
| **TITLE AND ABSTRACT** | |  |  |  |  |  |  |  |
| Title | 1 | Y | Y | N | N | N | Y | Y |
| Abstract | 2 | Y | Y | Y | N | N | N | Y |
| **INTRODUCTION** | |  |  |  |  |  |  |  |
| Background and objectives | 3a | Y | Y | Y | Y | Y | Y | Y |
| 3b | Y | Y | Y | Y | Y | Y | Y |
| **METHODS** | |  |  |  |  |  |  |  |
| Target population and subgroups | 4 | Y | Y | Y | N | N | N | Y |
| Setting and location | 5 | Y | Y | Y | Y | Y | Y | Y |
| Study perspective | 6 | Y | Y | Y | Y | Y | Y | Y |
| Comparators | 7 | Y | Y | Y | N | Y | Y | Y |
| Time horizon | 8 | Y | Y | Y | Y | Y | Y | Y |
| Discount rate | 9 | Y | Y | Y | N | Y | N | N |
| Choice of health outcomes | 10a | N | N | Y | Y | Y | N | Y |
| Choice of other outcomes | 10b | Y | Y | Y | Y | Y | Y | Y |
| Measurement of effectiveness | 11a | N | Y | Y | N | N | N | Y |
| 11b | N | N | N | Y | Y | Y | N |
| Measurement and valuation of preference based outcomes | 12 | N | N | N | N | N | N | N |
| Estimating resources and costs | 13a | N | N | Y | N | N | N | Y |
| 13b | N | Y | N | Y | Y | Y | N |
| Currency, price date, and conversion | 14 | N | Y | Y | Y | N | N | Y |
| Choice of model | 15 | N | N | N | N |  | N | N |
| Assumptions | 16 | N | N | N | Y | Y | N | N |
| Analytical models | 17 | N | N | N | N | N | N | N |
| **RESULTS** | |  |  |  |  |  |  |  |
| Study parameters | 18 | N | N | Y | Y | Y | Y | Y |
| Incremental costs and outcomes | 19 | Y | N | Y | N | Y | N | Y |
| Characterising uncertainty | 20a | N | N | Y | N | N | N | Y |
|  | 20b | N | Y | N | Y | Y | Y | N |
| Characterising heterogeneity | 21 | N | N | N | Y | Y | Y | N |
| **Section/topic** |  |  |  |  |  |  |  |  |
| **DISCUSSION** | |  |  |  |  |  |  |  |
| Study findings, limitations, generalisability, and current knowledge | 22 | Y | Y | Y | Y | Y | Y | Y |
| **Other** | |  |  |  |  |  |  |  |
| Source of funding | 23 | N | Y | Y | Y | N | Y | Y |
| Conflicts of interest | 24 | N | N | N | N | N | Y | Y |

# Table S2. Data Extraction for systematic review of IPS economic studies

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author**  **(year)**  **/country** | **Setting and study population**  **(age, sex, size)** | **Intervention details (study design, description of intervention, comparator, and type of intervention)** | **Economic analysis** | | **Outcomes and key findings** | | | **Quality Score** |
| **Perspective**  **Price Year**  **Currency** | **Type of economic analysis** | **Effect on mental health** | **Work-related outcome** | **Economic or financial outcome** |
| (Booth et al 2014)  UK | 262 individuals with severe mental illness who were referred to IPS in several sites in the north of England. Demographic data were not reported.  Data were collected in 2010 and 2011. | Modelling study for IPS using literature review, qualitative interviews and national/local databases. Comparator services assumed to be sheltered employment, training colleges, supported employment programmes and a programme of grants, information and support (Access to Work) . Duration 1 year. | Public Purse  2012  UK pounds | CBA | Not reported | During 2010/2011, 79 (30%) of IPS clients obtained paid employment. 7 (3%) in employment of 4 hours or less, 16 (6%) for 5-16 hours, 56 (21%) for 16 hours or more. Marginal employment rate compared to no action estimated as 73%. | The individual service cost is estimated to be around £3,800. Estimated to be a positive return on investment to public purse of £1·04 for every £ spent. | 35% |
| (Christensen et al 2020)  Denmark | 482 people with severe mental illness: schizophrenia, schizotypal, or delusional disorders(F20–F29) 75·7% or 77·8% or bipolar disorder (F31) 13·2% or 10·5%, or recurrent depression (F33) 11·1% or 11·7% according to ICD 10 in both IPS and SAU groups. Mean age 33 in both IPS and SAU groups. 61·3% and 60·3% male in IPS and SAU groups respectively. Data collected between 2012 and 2018. | RCT comparing IPS (n=243) compared with service as usual (SAU) (n=239). Duration 1·5 years | Societal  2016  Euros | CEA, CUA | QALY gains were non-significantly higher in the intervention group than the control group (0·0329 vs. 0·0074, p=0·2960).  Mental health hospital care costs were lower in the IPS group €14,549 versus €18,279. (p=0·0901).  No significant difference in somatic hospital, primary health care or prescription costs. | IPS participants earned an average of €1,792 more than the control group.  Productivity gains in the intervention -€7214 vs. -€5422, p=0·205).  Labour market intervention costs were significantly lower in the IPS group. €403 versus €3,395 (p<0·0001) | IPS was less costly, with non- significantly improved QALY gains compared to SAU. Overall costs, including productivity losses were significantly lower by a mean of €9,543 n the IPS group (P=0·001).  If there was a societal threshold of €35,000 for willingness-to-pay for a QALY, there is a probability of 95·6.% of IPS being cost-effective compared to SAU. | 95% |
| (Deloitte 2017)  UK | 126 adults with unspecified mental illness using IPS services in Glasgow, Scotland. Age unspecified | Modelling study drawing on published literature, IPS data and expert opinion. The intervention was IPS and the comparator traditional vocational schemes (TVS). Duration: 1 year. | Health, Public Purse and Service Users Combined  2016  UK pounds | CBA | 40%-60% reductions in Community Psychiatric Nurse (CPN) appointments and 3 less psychiatric appointments after 1 year after having secured employment.  Total costs avoided of £96,710. NHS costs avoided per service user with more than 3 months competitive employment £1,981. | Total service user benefit due to increased earnings £84,020. | The annual cost of the IPS service was £116,000. Benefits of IPS: increased earnings £84,020, health care costs avoided £96,710, welfare benefits avoided £59,210. Net benefits £123,940. Additional net costs of TVS avoided £57,030.  Total net benefit £180,970.  Net Benefits per user if employment sustained for less than or more than 3 months: £2,300 and £7,870 | 70% |
| (Gadenne et al 2021)  UK | 1926 individuals aged 18-65 (mean age=39, 41% to 49% female) with severe and enduring mental health conditions. Data collected between March 2016 and September 2019. | Impact evaluation of delivery of IPS in six sites in England. Funding on basis of Social Impact Bond model where payment depends on outcomes achieved. No comparator group. Duration: 6 months. | Providers  2011-12  UK pounds | CEA | Not reported | 31% of participants engaged (n=590) achieved a job start, 22% maintaining work for at least 6 weeks, 75% working 16 hours or more per week. | Three of four IPS sites where data were available made net losses, i.e. their costs were greater than their contract income.  Cost per job start achieved £4,400 (range £3,600 to £5,300) | 43% |
| (Hamilton et al 2016)  UK | 63 people with bipolar disorder, schizophrenia, or psychosis. Male (63%), female (35%), transgender (2%). Mean age 39, 38% White,  Data collected between March 2015 until the end of July 2016. | Mixed methods analysis using routine data and qualitative interviews comparing IPS modified to be delivered through public employment services (Job Centre Plus). No comparator group. Duration: 1 year | Public Purse  Price year not stated  UK pounds | CEA | Not reported | 11 participants gained employment during pilot study (17·2%). During the pilot overall 18 jobs were obtained, with some participants having more than one job during this period. Mean increase in pre-tax income for these individuals was £3528 (range: £510 -£11,266) | Staff costs for the project during the final year were £57,533. From a public purse perspective the total cost after reduction in disability benefits was £40,567, with a net cost per person in employment of £3,688. Individuals would need to be employed for over two years to generate net savings. | 48% |
| Hellström et al (2021)  Denmark | 326 people aged 18 – 60 with an anxiety or affective disorder recruited from mental health centres and private psychiatrists in Copenhagen. Gender not reported. Participants should not have been in contact with mental health services for more than 3 years. | The intervention was IPS intervention modified for people with mood and anxiety disorders (IPS-MA) (162 people) compared to services as usual (SAU) (164 people). These could be social services (e.g. group therapy or psycho-social support interventions) or labour market services. Duration of study two years but only 12 month outcomes used in economic analysis. | Societal  2016  Euros | CUA, CEA | When imputed cases data included mean QALYs gained were 0·056 and -0·17 in the IPS-MA and SAU groups (p<0·05). The difference was not significant for complete cases only.  1 year mental health service use in the IPS-MA group was €5,489 compared to €8,161 in the SAU group (p=0·078) Overall health care costs were not significantly different between the two groups. | Mean wage earnings in the IPS-MA group were significantly lower, €5034 versus €8410 (p=0·017)  Labour market service costs were significantly lower in the IPS-MA group, €1,329 versus €5,591 (p=0·009). | IPS-MA had a mean cost per person per year of €1,183. Overall, there was no significant difference in costs between the two groups, although costs were lower in the IPS-MA group €5,485 versus €7,706. P=0·423.  There was between an 83% and 95% chance at €30,000 per QALY gained of IPS-MA being cost effective versus SAU. If cost per hour of worked gained were used instead the intervention would not be cost effective with significantly lower levels of hours worked than SAU. | 78% |
| (Heslin et al 2011)  UK | 219 individuals, with severe mental illness recruited between November 2004 and September 2006. Mean age 38, 66% to 69% male, 41% and 34% white, in IPS and control groups. 69% and 76% had a psychotic disorder. 31% and 24% had a mood disorder. | RCT comparing IPS (n=109) with treatment as usual/ local vocational services (TAU) (n=110). Duration: 2 years. | Health care  2006/7  UK pounds | CEA | There were no differences between intervention and control groups at follow-up on any clinical measures.  Over 24 months, health care costs in intervention group were lower than controls (£9,571 vs £11,932), p-value not reported | Intervention had a significantly higher proportion in competitive employment than control group (22% vs. 11%, p=0·041). | With lower costs and higher outcomes IPS was dominant. In probabilistic sensitivity analysis there was a 90% chance of IPS being the most cost effective option. | 56% |
| (Hoffmann et al 2014)  Switzerland | 100 individuals aged 18-64 with severe mental illness including schizophrenia spectrum, affective disorder), male (65%). Mean age 33·5 and 34·1 in intervention & support groups. | RCT comparing  IPS (n= 46) with traditional vocational rehabilitation (TVR) (n=54). Duration: 5 years. | Society  Price year not stated  Swiss Francs (CHF) | ROI | Intervention group had significantly less hospitalisation (21% versus 46·7% p=0·015),  fewer psychiatric hospital admissions (0·4 versus 1·1 p=0·026) and spent fewer days in the hospital (38·6 versus 96·8 p=0·027). | Intervention group had higher rates of competitive work than traditional vocational rehabilitation (65% vs 33%, p=0·002), worked more hours per year (689 vs. 392, p=0·023), earned more wages (CHF 11,826 vs CHF 6,885, p=0·004), had longer job tenures (104·8 vs. 35·5, p<0·001) | Earning per client over 5 years 66,977 versus 37,093 in IPS and TVR. Mental health treatment costs per client CHF 25,484 versus 40,093. Vocational programme costs CHF 80,917 and CHF 43,701.  Social ROI: 132·2% | 52% |
| (Holmås et al 2021)  Norway | 327 individuals (mean age=35) with moderate (depression and anxiety disorders) to severe mental illness (psychotic or bipolar dis-order with or without comorbid substance abuse/dependency), women (50%), from regional primary and secondary mental health care settings for 43 months | Original study based on RCT comparing  IPS (n= 184) with treatment as usual (n=143) 327 people before and after the IPS intervention. Duration: 3·6 years | Societal  2016  Norwegian kroner | CBA | Not reported | During 43 months, the intervention group had 8·8% higher rates of regular employment than in the control group, and 5% higher in regular employment with a half-time job or more (16·5% vs 10·7%). | Net social benefit: NOR 217 ( gain in productivity=65+cost-savings from traditional VR programme costs=211- programme cost(100)+ cost-savings from excess burden of taxes 41, so 65+211-100+41=217. | 65% |
| (Howard et al 2010)  UK | 150 individuals (mean age=38) with psychotic or chronic affective disorder in South London | RCT comparing  IPS (n=109) with local traditional vocational service, TAU (n=110). Duration: 1 year | Health care | CEA | Psychiatric inpatient costs were lower in the intervention group (£ 719 vs £2241), also lower costs for community mental health nurse costs than the control group (£49 vs. £65) | There were no significant differences between the treatment as usual and intervention groups in obtaining competitive employment (13% in the intervention group and 7% in controls; p= 0·15), nor in secondary outcomes. | CS: Total costs were £2176 significantly higher in the control group (bootstrapped 95% CI £445–4168)., No significant differences in outcomes.  During the 1-year follow-up, two-thirds of the intervention group received input from employment workers at mean cost of £296. There were no substantial differences in the number of people using other services. However, control group participants who were admitted spent substantially more days in hospital than inpatients in the intervention group. This resulted in a difference in in-patient costs of £1522. Total costs were £2176 significantly higher in the control group (bootstrapped 95% CI £445–£4168). | 56% |
| (Khalifa et al 2019)  UK | 18 individuals (mean age=39·2) with schizophrenia, depression, personality disorder, with offending histories in community forensic settings over 12 months, male (88·9%) | RCT comparing  IPS (n=11) with Treatment as usual (n=7). Duration: 1 year | Health care  2016  UK pounds | CEA | Brief Psychiatric Rating Scale scores were higher in the intervention group (34 vs 25·5, p-value not reported), SF-12 in mental health were higher (53·1 vs 43·8), EQ-5D (64·3 vs 70), p-values not reported. Health care costs not reported separately from cost of IPS. | Intervention group had higher rates in open employment at 12 months (9·1% and 0%) than TAU | IPS less costly than TAU. £: 1,799 vs.1,940 at 12 months. | 70% |
| (Knapp et al 2013)  Netherlands, UK, Italy, Bulgaria, Switzerland, Germany | 312 individuals with SMI (schizophrenia and schizophrenia-like disorders, bipolar disorder, or depression with psychotic features, using ICD-10 criteria for 18 months in six European  cities: Groningen (Netherlands), London (UK), Rimini  (Italy), Sofia (Bulgaria), Ulm-Gunzburg (Germany), and  Zurich (Switzerland | RCT comparing  IPS (n=156) with standard vocational services (n=156). ). Duration :1·5 years. | Health and Social Care  Societal  2003  UK pounds | CBA, CEA | Readmission rates were lower in IPS than the control group (13% vs 20%).  Mean health care costs in the IPS group at first six month follow up were significantly lower than for control £4,688 versus £6,926 (Mean difference £2,720 95% CI -£4,624, -£813. Costs were lower in the following two six month follow ups but the difference was not significant. | Over 18 months, IPS had higher rates of being at least 1 day in employment (55% vs. 28% ) than those in vocational services. | Mean costs for IPS across all sites were £18,877 versus £25,455 in controls (Mean difference £7,880 95% CI -£12,249, -£3151. Costs were significantly lower in 3 of the six sites: London, Ulm and Zurich and the intervention was dominant, with lower costs and better outcomes in all areas except Groningen. In Groningen the additional cost per additional 1% of people working at least 1 day was £30 and additional cost per additional day worked was £10.  Boostrapped mean net monetary benefits comparing the costs of intervention with value of employment achieved for both IPS and control were favourable at £17,005 in the IPS group. | 91% |
| (Lockett 2012)  New Zealand | 1400 individuals with severe mental illness | Retrospective analysis of data for those receiving IPS, control group not reported. Duration: 4 years. | Health care  Welfare sector  Price year not reported  New Zealand dollars | CBA | Every $1NZD spent from Health is returned in full within year one through reduced contact time with clinical teams and reduced hospital admissions. | Not reported | For every $1 spent by Welfare, $1·11 is returned in year one alone from taxes paid and reduced welfare payments. | 39% |
| (Mavranezouli et al)  UK | Model drew on previous study of people with formal diagnosis of autism and IQ>= 70. Mean IQ score 98·8 (Wechsler Adult Intelligence Scale) | Markov modelling study comparing IPS versus standard care (day services). Duration: 8 years. | Health care  2012  UK pounds | CEA, CUA | Mean QALYs gained over 8 years were 5·42 in the IPS group and 5·31 in the control group.  Secondary analysis including other health and social care costs, including mental health-care costs, other primary and secondary care costs and local authority costs revealed mean health care costs of £16,005 and £16,663 in the IPS and control groups | Over 8 years mean weeks in employment were 136 and 102 for the IPS and control groups. | For the primary analysis, just including the costs of IPS and day care, the cost per QALY gained was £5,600 and cost per extra week of employment was £18. In probabilistic sensitivity analysis there was a 67% and 75·2% chance of being cost effective at £20,000 or £30,000 per QALY gained.  In secondary analysis including health and social care costs, the IPS intervention was dominant with lower costs and better outcomes. In probabilistic sensitivity analysis there was an 80% chance of being cost effective at £30,000 per QALY gained. | 92% |
| (Mental Health Reform 2018)  Ireland | 95 adults with severe and enduring mental health problems, not in paid employment who received IPS services from 2015 to 2017 | A pilot IPS study, control group not reported. Duration: 2 years | Provider  Price year not reported  Euros | CEA | Not reported | In the project, 36% had at least one job placement, The average number of hours worked per week by successful applicants was 21 hours, the average weekly wage for successful participants was €230.  The combined staff and project costs totalled €276,326, with a cost per participant of €2,909. | Cost per job outcome was €8,374. If start-up costs and project management excluded the cost per participant was €2,451 and the cost per job outcome was €7,057. | 61% |
| (Parlettaa 2016)  Australia | 175 individuals aged 15-64 (47% male) with schizophrenia or bipolar affective disorder, major depression, anxiety disorders, Posttraumatic Stress Disorder, personality disorder and substance abuse disorder. | Observational cohort study comparing IPS (n=68) with pre-IPS cohort (n=107). Duration: 1·5 years | Provider and public purse | CBA | Not reported | Intervention group had significantly higher rates of job starts than pre-IPS services (67·6% vs 56·1%) (Significance not reported). | Net revenues were higher in IPS than pre-IPS groups. The IPS enhanced service achieved higher gross revenue per participant ($9,062) than pre-IPS services ($7,514). The IPS enhanced pro-gramme generated more net revenue (gross revenue less direct costs) per participant compared to pre-IPS services ($6,929 vs. $6,161) | 52% |
| (Parsonage 2009)  UK | 330 individuals with (unspecified) mental health problems | Observational study for IPS participants. Support for 330 people per year including 165 new referrals. Duration: 1 year | Public purse  2003  UK pounds | CCA | Assumed rehospitalisation rates for IPS lower than control group (20% vs. 31%) drawing on literature. Estimated saving of £6,000 per client in inpatient costs over 18 months, based on the average cost of psychiatric inpatient care in England (figures not stated). | 100 out of 187 clients supported by the Mid-Surrey Employment Advice Service achieved paid employment outcomes (53·5%). A further 78 clients were supported into unpaid employment, training and education. Among those finding employment, 67% worked for 16 or more hours a week. | The total cost of service £280,000 a year. Nationally at the level of provision recommended in government commissioning guidance on vocational services estimated at £67 million a year (or £440,000 per average PCT or £2,000 per client). Current spending on day and employment services is around £184 million a year. IPS could divert resources from less effective services. | 43% |
| (Perkins & Rinaldi 2009)  UK | Hypothetical 135,000 new IPS participants each year with unspecified mental health problems. | Modelling study comparing  IPS with Traditional service or no intervention. Duration: 2 years. | Public Purse  Price year not stated  UK pounds | ROI | Not reported | Unpublished survey data for study involving employment workers across private, public and voluntary sectors was used to assume all clients would receive support for 6 months, with 35% continuing for one year and 25% for two years. | Total cost of the programme £180 million per annum. 27,000 jobs would need to be created for the service to break even. This would mean a cost per job before fiscal benefits of £6,600; if 47,000 jobs were created the return on investment would be 1·72. | 56% |
| (Rosenheck et al 2016)  USA | 404 individuals aged 15-40 with First Episode Psychosis, less than 6 months on lifetime antipsychotics in clinical treatment clinics. Demographic information not provided. | RCT comparing IPS: Navigate (NAV), a comprehensive, multidisciplinary, team-based treatment approach for first episode psychosis, including IPS (n=223) with community care (CC) (n=181). Duration: 2 years | Health care  US dollars | CBA, CUA | The NAV group had significantly greater improvement in PANSS total scores and improved significantly more on the QLS as a one standard deviation change on the Quality of Life Scale (QLS-SD) (p<0·02). There was no significant difference in overall costs between the two groups. However, the intervention group had higher outpatient mental health ($1870 vs 1379, p=0·05), antipsychotic medication costs ($1739 vs 1060. P=0·01).  Costs for all mental health and medical surgical inpatient care were lower in the intervention group but no significant difference ($3694 vs $3780, p=0·91) | Not reported | The incremental cost-effectiveness ratio was $12 081/QLS-SD, with a 94 % that NAV was more cost-effective than CC at $40 000/QLS-SD. When converted to monetized Quality Adjusted Life Years, NAV benefits exceeded costs, especially at future generic drug prices. | 87% |
| (Saha et al 2018)  Sweden | 55 individuals with unemployed, depressive episodes, recurrent depression or bipolar disorder. Demographic information not reported. | RCT comparing IES (individual enabling and support) (an IPS intervention) vs. TVR (traditional vocational rehabilitation).  Duration: 1 year | Societal  2014  Euros | CEA, CUA | Intervention group was more effective using Manchester Short Assessment of Quality of Life (MANSA), but not EQ-5D. There were no significant differences in QALY improvement between groups. But quality of life measured by the MANSA scale significantly improved over the study period in IE. Health care costs were not included. | The value of productivity gains were higher in the intervention group (€6059) than the control group (€111), p-value not reported. | The cost of IES was €7247 lower per person per year, compared to TVR. TVR unit costs taken from the Knapp et al study13 The total cost for IES were €528 per person per year compared to €7775 for TVR. Intervention was dominant with no change in quality of life but lower costs. | 74% |
| (Sambo 2020)  Canada | 109 individuals aged 18-30 (mean age=23) with Schizophrenia, psychosis, bipolar disorder, male (45%). | RCT comparing  IPS: IPS+Early intervention psychosis (TAU) (n=56) with TAU (n=53). Duration: 1 year | Health care  Public payer  2016  Canadian dollars | CEA, CUA | Although the sample was small due to data collection issues, the EQ-5D-5L index scores were consistently higher for those in the TAU group compared with those in the IPS+ group. Scores on the QLS were consistently higher for the IPS+ TAU group compared with those in the TAU group. Overall health care costs, including primary care as well as specialist mental health care were non-significantly higher in the TAU group $3,884 vs $3,656. | At 12 months, proportion employed (IPS+ TAU vs. TAU):60% versus 50% but not significant. Non significantly increased working days in intervention group: mean 8·38 more days, 57·24 vs 48·86 days. | Total costs per patient in the IPS+TAU group were lower those in TAU (mean difference $228, p = 0·823, 95% CI, $-2,261 to $1,806). Also improvements in employment outcomes in IPS group and quality of life but not significant. | 91% |
| (Shi 2011)  Canada | 149 individuals aged 18-64 (mean age=40 or 41, female 37·3% and 39·2% in IPS or control groups 40·6) with severe mental illness: psychosis,  bipolar disorder, major depression; and using outpatient psychiatric hospital services between 2001-2004. | RCT comparing IPS (n=75) with usual vocational services, including sheltered workshops, creative workshops, a  consumer-run boutique, horticultural programs, job-finding-skills training and psychosocial intervention (n=74) Duration of study :1·5 years. | Health Care, Public Purse, and Societal  2010-11  Canadian dollars | CEA | No significant differences in mental health care costs between the two groups: Inpatient costs ($1421 vs. $6443, p=0·2258), other mental health service ($639 vs. $1286, p=0·9032), out-of-pocket costs of psychologist services ($11 vs $10, p=0·9921) | Over 12 months, significantly longer hours in competitive employment in IPS than the control group. Mean 126 hours vs. 72 hours on average, p=0·0004), higher wages in competitive employment ($935 vs $514, p=0·004) | Overall costs were lower for IPS compared to controls from all three perspectives: health and social care perspective: $25,709 ( IPS) vs $26,683 (UC) (P=0·011). Public Purse: $32,984 vs. $33,945, Society: $27,014 vs. $27,678. The IPS program was less expensive while improving outcomes, which means IPS dominates usual services. | 87% |
| (Stant et al 2013) and  (vanBusschbach et al 2011)  Netherlands | 151 with severe and long-term mental disorders who want to work. In IPS and control groups respectively: 55% and 64% psychosis, 17% and 10% mood disorders, 22% and 23% personality disorders, mean age 34·1 and 35·6, male 73% and 75%. | RCT comparing IPS n=(71) vs. regular vocational rehabilitation (n=80).  Duration of study: 2·5 years | Health care  Societal  2008  Euros | CEA, CUA | There were no differences between groups in quality of life at any time point measured using the MANSA – Manchester Short Assessment of Quality of Life. Mental health and general health care cost were higher but significance not reported. Overall mean costs including health, net of productivity gains were €57,285 and €43,819 in the IPS and control groups. | After 2·5 years significantly more people in the IPS group were in regular paid work with paid work during the study was significantly higher in the IPS group (44% versus 25%) P<0·05. More hours were also worked in the IPS group. Mean rehabilitation costs, including the cost of intervention were greater in the IPS group €1,705 versus €1,176. | IPS has higher costs and better outcomes than regular vocational rehabilitation. The cost per additional 1 percent of individuals in paid work was €1, 084. However, averted social welfare costs due to increased work participation are not included in the cost effectiveness ratio. here is an 80% probability of being cost effective if society is willing to pay €2,000 per additional 1% in employment. The incremental cost per additional 1 point on the MANSA scale is €76,359. | 83% |
| (Stroupe et al 2021)  USA | 541 military veterans (mean age= 41·2) with PTSD, men (81·7%) | RCT comparing IPS (n=271) with transitional work (TW) programmes (n=270).  Duration: 1.5 years | Health care  Societal  2019  US dollars | CEA, ROI | Mental health costs were insignificantly higher for IPS than TW ($1687 vs $1498, p=0·75)  The annual mean cost per person of outpatient were $3970 higher for IPS compared to TW ($23,245 vs. $19,276, p= 0·004).  Overall mean health care costs including costs of vocational rehabilitation were significantly higher in the IPS group $29,691 vs $23,298 | The average number of hours worked in competitive employment per person per year was significantly higher in the IPS than the TW (632 hours vs 458 hours, p= 0·002). The mean annual income from competitive employment was higher in the IPS than the TW ($9762 vs $7326, p= 0·02) | IPS is more costly, more effective.  95% probability that IPS is cost-effective if willing to pay is $81 per additional hour worked.  The average total costs per person per year were similar between groups ($29,828 vs. $26,772, p= 0·17). The incremental cost-effectiveness was $28 per additional hour of competitive employment.  The return on investment (excluding TW income) was 32·9% for IPS ($9762 mean income/$29,691 mean  total costs) and 29·6% for TW ($7326 mean income/$24,781 mean total costs). | 87% |
| (Szplit 2013)  UK | 45 individuals with moderate to severe mental health problems in collaboration with community mental health teams from April 2010 to March 2011 | 1 year observational study, with longer term impacts modelled. Duration: 5 years. | Employment  20110/11  UK pounds | CBA, ROI | Not reported | For 1 year, 40% (18 out of 45) of participants secured permanent employment | For every £1 invested with IPS there would be a return ranging between £5·01 and £6·77 in social added value.  The total present value (PV) of IPS for 2010/2011 is valued at £526,885. The total investment is £77,822 Total present value less total investment figure (NPV) is £449,063. | 57% |
| (van Stolk et al 2014)  UK | People with depression, anxiety (common mental disorders) including employment, but also some people on sick leave | Modelling study comparing vocational support based on the Individual Placement and Support (IPS) model in IAPT or other suitable psychological therapy services. Duration: 1 year | Healthcare  Public purse  2011  UK pounds | CBA | Assumes IPS service would support 120 clients per year. 35 would have reduced healthcare utilisation costs of £300 per year, including savings from fewer GP visits and limited use of secondary care. | 24.5 people would stop claiming job seekers allowance £3,900 each. | Positive cost benefit ratio = 1·41 from IPS; note this assumes that savings from reduced statutory sick leave so cost benefit ratio for long term unemployed alone not stated. | 70% |
| (Washington State Institute for Public Policy 2019)  USA | Those with severe mental illness | Modelling study (Monte Carlo Simulation analysis for risk/uncertainty analysis)  IPS vs. traditional vocational rehabilitation. Duration: 50 years. | Taxpayers,  Participants | CBA | Net health care costs for psychiatric hospitalisation reduced by $8 per participant. | Not reported. Net program cost per participant: $849. Additional taxes from additional earnings to taxpayers $2,090 and to participants $4,910 | Total positive benefits net of deadweight costs: $5,741. Benefit cost benefit ratio=$7·7. Chance the program will produce Benefits greater than costs 80%. | 74% |
| (Whitworth 2018)  UK | Hypothetical 5000 IPS programme starts over 30 months. Time limited to maximum 15 months. Assumed to have mental and physical health problems | Modelling study for IPS comparing alternative modified scenarios, the control group not reported. Duration: 10 years. | Public purse  Price year not reported  UK pounds | CBA | Impacts on health care costs not included in analysis | Not detailed but costs averted include welfare benefits avoided, including council tax benefit and universal credit. Average annual earnings from employment assumed to be £11,800 | ROI=0·32 to 7·47, depending on models at 10 years. ROI at 5 years ranges from 0.19 to 4.53 depending on model scenario. | 70% |

# Table S3 Data Extraction for systematic review of supported employment economic studies

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author**  **(year)**  **/country** | **Setting and study population**  **(age, sex, size)**  **Dates of study** | **Intervention details (study design & duration, description of intervention, comparator, and type of intervention)** | **Economic analysis** | | **Outcomes and key findings** | | | **Quality Score** |
| **Perspective**  **Price Year**  **Currency** | **Type of economic analysis** | **Effect on mental health** | **Work-related outcome** | **Economic or financial outcome** |
| (Chow et al 2015)  USA | 987 community dwelling adults with severe mental illness recruited from outpatient psychiatric clinics across 8 US states who were in receipt of Supplemental Security Income (SSI). Mean age 40·76 Female 44·9%; includes 62·9% with diagnosis of schizophrenia. Data collected between February 1996 and May 2000. | Secondary econometric analysis of data from a RCT comparing supported employment programmes (including some IPS) to usual vocational rehabilitations services. Focus in this analysis on job accommodation versus no job accommodation in the trial. Duration: 2 years | Welfare system  2000  US Dollars | Cost Offset | Not Reported | Individuals with job accommodations worked additional mean 7·87 hours per month (p≤0·001) but earned a mean $0·56 less per hour (p≤0·001). | Marginal monthly SSI costs averted were $11·73 higher with job accommodations (p≤0·05). Potential SSI savings for individuals with accommodations 68% higher than those without accommodations (p≤0·01). | 39% |
| (Cimera 2016)  USA | 40,118 supported employees in the United States whose cases were closed in 2013. 60·4% were male, 70·6% were White. Primary impairments: learning disabilities 51%, mental disorders 36%. Age not reported. | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was supported employment services. There was no comparison group but costs of service use were compared for those for sheltered workshop users. Duration: not stated. | Public purse  2013  US Dollars | CEA | Not reported | 53% of services users were in employment and had their cases closed. The mean cost per month of supported employment was $342·07 (SD $418·45). The mean cost per month for sheltered workshops reported in literature was $728·58. 12·8% of supported employees had mean costs per month in excess of mean sheltered workshop costs. | Mean cost to vocational rehabilitation services per hour worked was $7·23 (SD $15·46). The mean cost reported in literature to sheltered workshops per hour worked was $9·94. 20·4% of supported employees had mean costs per hour worked in excess of mean sheltered workshop costs per hour worked. There was substantial variation in costs per hour worked across vocational rehabilitation agencies. | 61% |
| (Cimera et al 2014)  USA | 62 people receiving supported employment services. 77·4% had learning difficulties. Age and gender not reported. | Analysis of data from matched cohorts of individuals from supported employment services that also have sheltered workshops compared with supported employment services that do not also provide sheltered workshops. Duration: not stated but at least 11 months. | Public purse  Price year not stated  US Dollars | CCA | Not reported | Supported employees in services that also provide sheltered workshops (SW group) provided a mean 10·84 months of support per individual compared to 8·32 months per individual for the supported employment services who do not also offer sheltered workshops (NSW group). This difference was not significant. | Mean cost per month of service received was $399·43 in the SW group compared to $684·38 in the NSW group (p=0·050) | 30% |
| (Cimera et al 2014)  USA | 15,040 young adults with learning disabilities receiving vocational rehabilitation services who previously had a requirement for transition services to be addressed in individualised educational plans at age 14 or age 16. The mean age was 20·3 and 56·5% were male. 32·7% and 35·1% had multiple disabilities in the age 14 or 16 groups. 52·1% and 53·7% were White in the two groups respectively. Data were taken from records from 2006 to 2009 | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. Matched groups of young adult vocational rehabilitation service users with differential prior timing of transition plans in individualised educational plans (either age 14 or age 16) who subsequently received vocational rehabilitation services. Duration: 4 years. | Public purse  Price year not stated  US Dollars | CCA | Not reported | Early transition was associated with higher levels of employment 58·8% versus 45·6%. For each year from 2006 to 2009 inclusive differences in employment rates were significant (P<0.001). There was no significant difference in hours worked or wages earned. Annual costs of supported employment services did not vary significantly between the early and later transition groups ($3,542 versus $3,750). | Individuals who received transition services by age 14 were significantly more likely to be employed after they enter vocational rehabilitation programmes than individuals receiving transition services by 16 (p<0.001). There were no differences in service costs. | 43% |
| (Cimera et al 2012)  USA | 215 supported employees with autistic spectrum disorders who participated in sheltered workshops (SW) prior to becoming supported employees and 215 supported employees with autistic spectrum disorders who did not participate in sheltered workshops (NSW) prior to becoming supported employees. Mean age of the SW and NSW groups was 31·12 and 37·75; 80% in both groups were male. 78·5% and 83·3% of the SW and NSW groups were White. 74·8% in both groups had a secondary disability. Data were taken from records from 2002 to 2006 | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was supported employment, with or without prior sheltered workshop experience. Duration: 5 years | Public purse  Price year not reported  US Dollars | CEA | Not reported | 45·6% of the former SW group were employed when their cases were closed compared with 39·5% of the NSW group workers. The SW group worked a mean 23·5 hours (SD = 11·4) per week; compared with 25·0 (SD = 12·3) hours in the NSW group. Neither difference was significant. Former SW who became competitively employed earned a mean $129·36 (SD $89·66) per week, compared with $191·42 (SD = US$118·83) (p = .001) for NSWs. Former SWs had mean service costs of $6065·08 (SD 9879·33) per person. Costs for the NSW were significantly lower at $2440·60; SD $4585·63) (p <.001). Mean service costs for the employed in the NSW group were also significantly lower than those for the employed in the SW group: $4212·24 (SD $5088·11) compared to $8364·39 (SD $11,420·70) (p = .001). | Individuals from the NSW group had better outcomes – weekly earnings, while service costs were significantly lower than the group with prior SW used. | 53% |
| (Cimera 2011)  USA | 112 individuals who were in supported employment and/or sheltered work programmes. Age and gender not reported. Data from service use between January 2000 and June 2008. Disability breakdown not provided. | Cohorts drawn from dataset for all sheltered and supported employees in a US State. 20 participants were in both supported and sheltered employment program. 92 were in matched pairs in either sheltered work or supported employment. Duration:8.5 years | Public purse  2008  US Dollars | CEA | Not reported | In the matched pair analysis the SE cohort received services for 46 months (SD 26·71) compared to 70·02 (SD 31·28) months in the SW group (P<0·001). SE worked fewer hours per month than the SW group - 60·55 (SD 16·18) hours versus 65·41 (SD 34·65) hours but this was not significant. The cost per month of services received was $496·41.(SD $399·13 in the SE group versus $602·36 ($327·98) in the SW group. This difference was not significant. The SE group had significantly higher monthly wages of $403·34 versus $159·77 in the SW group (p<0·001). Including data from the 20 individuals who participated in both programmes did not change findings. | For the matched pairs the SE cohort had a non- significantly lower cost per hour worked of $10·83 (SD $15·35) compared with $14·13 (SD $14·46) The cost per dollar earned for the SE group was $2·01 (SD $4·33) versus $12·24 (SD $20·03) (p <0·001)for SW employees. Including data from the 20 individuals who participated in both programmes did not change findings. | 56% |
| (Cimera 2011)  USA | 9808 supported employees with intellectual disabilities who participated in sheltered workshops (SW) prior to becoming supported employees and 4,904 supported employees with intellectual disabilities who did not participate in sheltered workshops (NSW) prior to becoming supported employees. Mean age of the SW and NSW groups was 38·93 and 31·56; 58·3% in both groups were male. 78·3% and 71·5% of the SW and NSW groups were White. 49·6% in both groups had a secondary disability. Data were taken from records from 2002 to 2006 | Matched cohorts drawn from electronic records in the US Rehabilitation Services Administration 911 database. The intervention was supported employment, with or without prior sheltered workshop experience. Duration: 5 years. | Public purse  Price year not stated  US Dollars | CEA | Not reported | Supported employees from the NSW group were just as likely to be employed as supported employees from the SW group (60·4% versus 59·6%). NSW group employees earned $137·20 (SD $82·29) per week compared to $118·55 (SD $74·56) per week in the SW group. (P<0·001). They also worked more hours (24·78 (SD 10·06) vs 22·44 (SD 10·71) p=0·006. The NSW group also cost less in services ($4,542·65 SD $6,141·63 versus $7,894·63 (SD $11,643·03) (p<0·001). Similarly for the cost of services (employed sample only) NSW group $5,399·26 SD $5,847·08 compared to $8,659·44 SD $10,895·56) in the SW group .(p<0·001) | The NSW group worked longer hours, earned more per week and had lower supported employment costs than the SW group. | 43% |
| (Cimera 2010)  USA | 104,213 individuals with intellectual disabilities funded by state vocational rehabilitation agencies throughout the entire United States and its territories from 2002 to 2007 who wished to be enrolled in supported employment. 56·9% were male. Mean age was 33·89, 71·8% were white and 47·5% had a secondary diagnosis. Data were taken from records between 2002 and 2007 inclusive. | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was Supported employment services received through state vocational rehabilitation agencies. There was no comparator, but it was assumed that individuals who did not obtain competitive employment would receive sheltered employment. Duration: 1 year | Service User  2008  US Dollars | CBA | Not Reported | 64,692 individuals (62·0%) were successfully employed at time their cases were closed. Mean hours worked per week were 21·80. 64% of job seekers without secondary conditions and 59·2% of job seekers with secondary conditions were successfully employed. | Employees had a mean monthly net benefit of $475·35 and a mean benefit cost ratio of 4·20. Benefit-cost ratios, ranged from 3·85 in 2002 to 4·45 in 2004. Net mean monthly benefit was $454·51, benefit cost ratio of 4·07 for service users with secondary conditions. Without secondary conditions mean net monthly benefit was $489·83 with a benefit cost ratio of 4·27. Rates of successful employment varied from 97·33% in Washington to 37·14% in Oklahoma. Mean benefit cost ratios across US states ranged from 13·54 in Washington State to 1·86 in Wisconsin. | 48% |
| (Cimera 2010)  USA | 104,213 individuals with intellectual disabilities funded by state vocational rehabilitation agencies throughout the entire United States and its territories from 2002 to 2007 who wished to be enrolled in supported employment. 56·9% were male. Mean age was 33·89, 71·8% were white and 47·5% had a secondary diagnosis. Data were taken from records between 2002 and 2007 inclusive. | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was Supported employment services received through state vocational rehabilitation agencies. There was no comparator, but it was assumed that individuals who did not obtain competitive employment would receive sheltered employment. Duration: 1 year | Public Purse  2008  US Dollars | CBA | Not reported | For all service users the mean gross monthly costs of providing supported employment were $636·45, while gross net monthly benefits to the taxpayer were $769·54. Impacts on employment not reported. | Net monthly benefits were $133·10, with a benefit-cost ratio of 1·21. Service users with or without secondary conditions had similar net benefits of $113·03 and $128·24 with benefit : cost ratios of 1·19 and 1·23 respectively. Benefit-cost ratios across US states vary greatly between 2·77 in Nebraska and Illinois in 0·63. | 56% |
| (Cimera 2010)  USA | 246 supported employees who completed at least one job cycle (i.e., they obtained and eventually separated from a job in the community). 185 received no transition services when they were in high school. 31 individuals received special education including transition planning only. 30 received community-based transition services in high school. Mean age of no transition, school-transition and community-transition groups was 36·24, 25·59 and 23·86. Males accounted for 50·3%, 61·3% and 63·3% respectively. Primary disability: mental health 32·4%, 12·9% and 6·7% respectively; mild learning difficulties 47·6%, 45·2% and 36·7%, moderate learning disabilities 6·5%, 25·8% and 36·7%, severe learning disabilities 10% in community transition group only. 48·7%, 35·7% and 37·9% respectively had a secondary diagnosis. Study dates not provided. | Analysis of cohort of supported employees who had either : (a) received no transition services in high school, (b) had community-based work experiences in high school , and (c) individuals who had individualised education programs (IEPs) in high school but experienced only in-school transition services. It was assumed that if an individual was not in supported employment they would have been in sheltered workshops. Secondary analysis matched pairs of individuals to compare no transition versus community transition and no transition versus school transition. Duration: not stated. | Public Purse  2008  US Dollars | CBA | Not reported | No transition services generated mean per capita gross monthly benefit to taxpayers of $619·4 and mean per capita gross monthly cost of $1,345·02. School transition service group had mean per capita gross monthly benefit of $551·27 and gross monthly cost of $979·02. Community-based transition services group had $686·10 in gross benefits and $940·95 in gross costs.  For 21 matched pairs in the no transition versus community transition groups, months employed were 3·24 and 7·32 p=0·001 respectively. For 17 matched pairs in school transition versus community transition months employed were 4·70 and 8·10 (p=0·0006). | Individuals in the no transition, school transition and community transition groups had benefit-cost ratio of 0·46, 0·56 and 0·73 respectively.  For matched pairs in the no transition versus community transition group the respective benefit-cost ratios were 0·41 and 0·61. In 85·7% of cases, individuals with community-based transition services were more cost-efficient.  For matched pairs in the school transition versus community transition group the respective benefit-cost ratios were 0·37 and 0·59. In 88·2% of cases, individuals with community-based transition services were more cost-efficient. | 56% |
| (Cimera 2009)  USA | All 231,204 supported employees from 2002 to 2007 who were served by vocational rehabilitation (VR) throughout the entire United States and its territories. 57·2% Male, 74·1% White, Mean Age 32·2. Primary condition: 40·3% learning disabilities, 29·6% mental illness.48·7% had secondary condition. Data were taken from records between 2002 and 2007 inclusive. | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was Supported employment services received through state vocational rehabilitation agencies. There was no comparator, but it was assumed that individuals who did not obtain competitive employment would receive sheltered employment. Duration: 1 year | Public purse  2008  US Dollars | CBA | Not Reported | For all service users the mean gross monthly costs of providing supported employment were $544·31, while gross net monthly benefits to the taxpayer were $795·65. Net benefits were $251·34. For mental health service users the mean gross monthly costs of providing supported employment were $481·76, while gross net monthly benefits to the taxpayer were $807·69. Net benefits were $325·92. For learning disability service users mean gross monthly costs of providing supported employment were $651·47, while gross net monthly benefits to the taxpayer were $781·21. Net benefits were $129·74. Impacts on employment not reported. | From a taxpayer perspective for all service users the benefit : cost ratio was 1·46. For mental health and learning disability service users it was 1·68 and 1·20 respectively. For mental health and learning disability service users with or without secondary conditions benefit cost ratios were1·67 or 1·69 and 1·17 and 1·22 respectively. | 65% |
| (Cimera 2009)  USA | All 192,756 supported employees from 2002 to 2006 who were served by vocational rehabilitation (VR) throughout the entire United States and its territories. Males ranged from 56·7% to 57·4%; White 72·4% to 75·3%; mean age ranged from 31·8 to 33·4. Primary diagnosis: Mental Illness 29·0% to 31·0%; learning disabilities from 38·7% to 42·7%. Between 47·1% and 50·5% had a secondary condition. Data were taken from records between 2002 and 2006 inclusive. | Analysis of electronic records in the US Rehabilitation Services Administration 911 database. The intervention was supported employment services received through state vocational rehabilitation agencies. There was no comparator. Duration: 1 week. | Public purse  2006  US Dollars | CEA | Not reported | 113,002 of 192,756 service users were in supported employment during study period (58·6%). All supported employees averaged 23·44 working hours per week. For services users with a primary diagnosis of mental illness or learning disability mean weekly working hours were 24·0 and 22·0 respectively. For services users with a primary diagnosis of mental illness or learning disability mean weekly working hours were 24·0 and 22·0 respectively. All supported employees averaged wages of $176·87 per week.  Overall, supported employees obtained services costing vocational rehabilitation services an average of $4,524·92 (SD = $7,147·44). (Note: period that costs cover is not explicitly stated and could conceivably be either costs per week or costs per year) For services users with a primary diagnosis of mental illness or learning disability these costs were $3,351 (SD = $4,315) and $5,134 (SD = $6,799) respectively. | Author states that when the average cost of services is divided by the average hours worked per week, the result indicates that $193·05 was spent by vocational rehabilitation for every hour the supported employee worked, and $25·58 was paid for every $1 earned. For services users with a primary diagnosis of mental illness these costs were $139·63 spent by vocational rehabilitation for every hour the supported employee worked, and $18·45 was paid for every $1 earned. For services users with a primary diagnosis of learning disabilities these costs were $233·36 was spent by vocational rehabilitation for every hour the supported employee worked, and $37·31 was paid for every $1 earned. | 34% |
| (Cimera 2009)  USA | Three male supported employees aged 18, 20 and 31 working at a McDonald's restaurant and three employees, 2 males and 1 female aged 16, 17 and 67, without disabilities with comparable job functions working at the restaurant. Dates of data collection not stated. | Pilot study matching workers hired from a local supported employment agency now in competitive employment. Matched with employees in same workplace with no disabilities and no use of supported employment. Duration: at least 972 days | Employer  Price year not stated  US Dollars | CBA | Not reported | Adam remained employed significantly longer than Zach (972 days versus 267 days). Bart maintained his job 3·11 times longer than did Yedda (413 days versus133 days). Calvin was employed for 326 days, compared to Xenos who was employed only 92 days (3·54 times longer). | Comparing the three employees Adam, Zach and Bart with their matched workers without disabilities there were net benefits to the employer of $892·83, $114·59 and $691·74 respectively. Supervision costs were $64·15 lower for Adam but greater for Bart $597·79 and Calvin $128·38 compared to matched controls. There were lower employee turnover costs for all three ($828·68, $708·02 and $805·92) because they remained employed longer than matched controls. | 43% |
| (Dattilo 2020)  USA | 65 people with mental health conditions referred by California State Department of Rehabilitation to Caminar’s Jobs Plus program at San Mateo County within the 2017-2019 fiscal years. Age and gender not stated. | Analysis of data from a supported employment agency, Jobs Plus. On-site versus off-site job coaching support as part of a supported employment programme Jobs Plus using the IPS model. 22 people chose off-site coaching and 42 people chose on-site coaching. Duration: 180days | Public purse  Not stated  US Dollars | CBA | On-site coaching had a greater reduction in hospitalisation days, from 5·12 days before referral to 1·79 days after. For off-site this was 3·05 days to 2·32 days. Significance not reported  . | Those using off-site coaching had an average of 8·41 weeks on the job during the 90-day probationary period, while those using on-site coaching had an average of 10·29 weeks on the job. Significance not reported. 71·43% of on-site group had cases successfully closed versus 54·55% in off-site group. | There were statistically significant reductions in health care costs of $10,897 in the on-site group post intervention. This compared with a reduction of $2,377 in the offsite group. Mean costs of providing coaching in the offsite and onsite groups were $284 and $1,732. There were net benefits of $9,165 and $2,093 in the onsite and offsite groups | 56% |
| (Drake et al 2009)  USA | 3·3 million US adult population of working age with mental health conditions who are enrolled in the US Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) programmes in 2006. New potential entrants to programmes also included. | Modelling analysis drawing on published literature and national statistical sources, looking at economic benefits of participating in supported employment programmes. Model assumes 30% of people with low severity of mental illness and 40% of all those with moderate and high severity of mental illness will participate. Duration: 1 year. | Public purse and service user  2006  US Dollars | CBA | Model assumes a reduction of $5,000 per annum in Medicaid treatment costs for high severity group in supported employment. | Assuming a 30% enrolment into supported employment programmes of yearly new potential entrants to the US Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programme (173,000 people with mental health conditions) would lead to an increase in earnings of $107 million per annum in US. Additional 200 and 167 hours of work per annum for low and moderate severity groups. Little gain for severe group. Increased annual earnings of $679, $466 and $343 million for the low, moderate and high severity groups. | Overall net saving of $368 million per annum to the public purse. This consists of net costs to govt of $124 million and $262 million for low and moderate severity groups, but $706 million saving for the high severity group mainly due to health care savings.  From service user perspective increased annual earnings of $1·596 billion from supported employment enrolment. | 43% |
| (Evensen et al 2019)  Norway | 169 individuals aged between 18 and 65 and a broad schizophrenia spectrum disorder. Mean age 33·2 and 34·9 for intervention (JUMP) and treatment as usual (TAU) groups. 65% of both groups were male. 87% and 100% of JUMP and TAU groups had schizophrenia. | Analysis of registry data linked to participants in a multi-site vocational rehabilitation (VR) programme (JUMP programme) for adults  with schizophrenia spectrum disorders. The programme provided 10 months  of standard VR services in competitive or sheltered  workplaces. This was augmented with cognitive behavioural therapy (CBT) or Cognitive Remediation (CR). The comparator was TAU. Data were analysed two years before (T0) and two years after entering JUMP (T1).  Duration: 4 years. | Health and social care system  2015  Euros | CUA | For JUMP group at T0 mean QALYs were  0·8003 (SD .024) and 0·8043 (SD .024) at T1.  Specialist mental health costs reduced significantly in the JUMP group both for  those who gained paid employment (n = 21; mean = €  -80,776; 95% CI -140,112, − 21,467; p = .010) and those who had work placement or sheltered work (n = 42;  mean = € -90,885; 95% CI -153,873, − 27,897; p = .006). JUMP group had 25·5 inpatient days at T1 compared with 64·6 in TAU group (p=0·003) | 23·2% and 21·4% of JUMP and TAU groups were in employment at 2 year follow-up. Mean months of competitive employment in JUMP group were 3·10 (N = 69, SD 7·27) at T0 and 4·30 (N = 69, SD 7·33) at T1. Authors assumed stable 10·2% employment rate in the TAU group. | Mean cost of JUMP intervention was € 9131 (SD 2123) per participant. Mean duration of JUMP was 26·52 weeks (SD 5·89). Total mean costs for the JUMP group (inclusive of intervention costs and adjusted for baseline differences) were € 10,621 lower than for TAU (95% CI: -29,979, 8735; p = .282). With QALY gains and lower costs compared to TAU – JUMP was considered cost effective. It had an 85% likelihood of being cost effective in probabilistic sensitivity analysis. | 78% |
| (Fogelgren  2020)  Sweden | 1,062 young adults on disability pensions across 25 Swedish municipalities. Mean age was 25. Between 45% and 51% were female. 73% had mental health conditions, 17% learning disabilities and 10% other conditions. The study took place between November 2014 and December 2016. | Modelling study based on randomised trial lasting 1·5 years comparing supported employment (SE) with regular vocational rehabilitation (VR) which includes ‘in-house’ work preparation and work training, as well as case management. Duration: at least 12 years | Societal  Price year not stated  € | CBA | Not reported | At 18 month follow up 32% of the SE group were employed versus 22% for VR. This was statistically significant, but the definition of employment includes subsidised competitive employment. | The costs per participant for SE group were €2,781 compared to €2017 for VR using a bottom up costing approach. SE costs were €5,900 more expensive  per participant using a top down costing approach.  Based on an average difference in costs between interventions (€3,350) and assuming 0·33 of difference in employment probabilities between SE and VR is permanent, gains  from supported employment exceed costs after 12 years  . | 61% |
| (Greig et al 2014)  UK | Users of supported employment services across England. Data were collected in 2012 and 2013. | Mixed methods analysis of 70 supported employment services across England. 32 learning disability focused, 31 mental health focused. Plus in depth qualitative data collected in 11 local sites in England. Duration: 1 year | Health and social care  Price year not stated  UK Pounds | CEA | Not reported | 38% of all service users secured a job, of which 61% obtained a new job and 36% retained a job. 43% and 34% of people using learning disability and mental health services obtained employment. In 10 IPS services with good fidelity and 3 learning disability services following good practice 43% of users obtained employment. | The average cost per person supported was £1,730, £1,948 and £1,485 for all sites, learning disability services and mental health services respectively. Average cost per job was £8,217, £8,218 and £8,024 respectively. Average cost per job outcome in 10 IPS services with good fidelity and 3 learning disability services following good practice were much lower at £2,818 | 39% |
| (Hagen 2018)  Switzerland | 908 adults who had been on long term disability benefits who received intervention and matched controls from a sample of 14,878 who did not have intervention. Data collected between 2009 and 2011. Mean age 43·7, 53% male. 55·7% had one or more mental disorders. | Economic modelling analysis using administrative linked datasets. The intervention was placement coaching  by individually assigned advisers/coaches. Participants received active support in, and practical tips on, their search for suitable jobs for up to 12 months. Once in a job they also received support from coaches for a further 12 months. Duration 20 years. | Public purse  Not stated  Swiss Francs (CHF) | CBA | Not reported | Significant reductions in claims for disability insurance for intervention group compared to matched controls, with up to an 8% reduction or 146 CHF per month four years after intervention start. (p<0·01). Income earned from paid employment increased by up to 13·2% three years after intervention start or additional 4,017 CHF per annum. | Total cost per participant was CHF 8,819. Four long term modelling scenarios created. Under all scenarios there are positive net benefits comparing change in disability benefit and increase in taxes paid with programme costs. Expected mean long-run benefits exceed the mean costs by 1·9–6·5 times, or between CHF 8,000 and CHF 48,300 per participant | 70% |
| (Indecon 2016)  Ireland | 3,151 adults referred to 23 EmployAbility services in Ireland, each having a specific geographical remit. Data were collected between 2010 – 2014. | Analysis of official data on service use for The EmployAbility service, formerly known as the Supported Employment Programme (SEP), a national employment service dedicated to improving employment outcomes for jobseekers with a disability. Duration: 4 years | Public purse  Not stated  Euros | CEA | Not reported | 46·9% of clients exited programme while in employment and 83·3% of these then had 6 months of employment without support. Only 28% of all exits sustained at least 6 months of employment. | Average monthly expenditure per client varied from €222 to €258 per month over 2010-2014. Mean cost per client supported between €3,996 and €4,644 over this period. Mean spend per client exit to employment has fallen from €19,032 in 2012 to €11,433 in 2014. Mean service expenditure relative to employment sustained was €13,582 over the period 2013-2014 | 61% |
| (Kilsby et al 2011)  UK | 105 people with learning disabilities who were in work, or who had gained work, from 1st April 2010 to 31st March 2011 in the county of Kent, England. | Analysis of data provided by Kent County Council on use of their supported employment services compared with no intervention, which assumed use of day care services. Duration: 1 year | Service user and public purse  2012  UK Pounds | CBA | Not reported | Gross weekly income for employees from all sources after employment was £151·75 (wages + retained welfare benefits + working tax credits), an average increase on pre-work income of £71·18 per week. | The cost of per year per supported employee in employment was £10,252, compared with £12,792 for day services. From the taxpayer perspective KSE provides a net saving of £1,121 per person per annum compared to the day service alternative, with a cost benefit ratio of 0·12. Workers gained £71·18 per week.  . | 48% |
| (Schneider et al 2009)  UK | 141 users of support employment services. Three groups: already working and remained in same job, those who obtained work just prior to baseline or 12-month follow-up and those who remained unemployed throughout year. 43·3% were female, 83% White, 25·5% schizophrenia, 24·1% anxiety, 31·9% depression, 15·6% bipolar disorder. | Cohort analysis. Intervention was supported employment services that were close to IPS model. Comparison made between those who obtained work just prior to baseline or 12-month follow-up and those who remained unemployed throughout year  Duration: 1 year. | Public purse and societal  Price year not stated  UK Pounds | CCA | For employed < 12 months mental health service weekly costs were significantly lower at follow up compared to baseline. £36·71 (SD £45·76) versus £14·30 (SD £23·97) p<0·001. Similarly, for employed >12 months baseline £43·35 (SD £82·12) versus £23·19 (SD £46·33). p<0·01. There was no change for the unemployed group.  Overall weekly costs were significantly lower at follow up in the <12 months group £40·00 (SD £45·51) versus £30·34 (SD £69·20). Weekly overall health costs were also lower in the >12 months group £47·86 versus £28·31 but this was not quite significant. | Individuals entering work increased net mean earnings by £59 per week p=0·0.2. This was much greater than welfare benefits and allowances lost as a result of employment. | Costs of supported employment increased significantly for people who had worked for less than one year (p < 0·04) while they declined for those who remained unemployed (p < 0·001) as well as for those who had been working for longer (p <0·002). The median weekly cost of supported employment input was £15·75, and the cohort who started work reduced their consumption of mental health services by an average of £23·93 (range: £4·93–£52·78, p = 0·103) | 65% |
| (Sultan-Taib et al 2019)  Canada | 122 employees working in 19 Social Firms (SFs) across Quebec and 64 individuals participating in 2 supported employment programmes (SEP) in Montreal. 74% and 46% of participants were male. Mean age was 46 and 39·9. Primary mental health diagnosis : Schizophrenia 58% and 39%, Bipolar 9% and 6%, Major Depression 20% and 5%, Others 34% and 14%. | Cohort analysis. Non-competitive employment in social Firms was compared with supported employment programmes. Duration: 1 year. | Healthcare  2015  Canadian dollars | CUA | There was no significant difference in mean EQ-5D-5L (quality of life ) scores 76·87 vs 72·6 in the SF and SEP groups. Mean annual healthcare costs  were $3,600 (SD $4,304) in the SF group and $9,403 (SD 11,888·9) in the SEP group. Mean costs for outpatient visits, inpatient stays, medications were all significantly lower in the SF group. |  | There was a difference in health care costs of $5,803 (95% Confidence Interval [CI]: 3,433·2–8,173·3; p  < 0·001) in favour of SF. Controlling for covariates including EQ‐5D‐5L score, severity of psychiatric symptoms, gender and age  the multivariable analysis showed that the annual costs  per patient were significantly lower for the group of participants working in SFs $2,580 versus $4,774 a ($1,923·9 lower, 95% CI: 1,146·3–3,127·7; p = 0·004) | 70% |
| (Tholen et al 2017)  Sweden | 118 former pupils with learning disabilities, 69 of whom previously took part in supported employment programme in three upper secondary special schools in Örebro, Sweden. 56% were male. Data were collected between 2006 and 2013. | Modelling study drawing on data from before and after analysis using Registry data on employment status up to four years after leaving school. The intervention (Job In Sight – JIS) was supported employment was very similar to IPS but used internships as an intermediate step before full employment. A control group of 49 pupils left school before the JIS programme started. Duration: 4 years. | Local government  2013 prices  Swedish Krona | CBA, ROI | Not reported | Employment rates in the JIS group increased from 35% in the first year (T) to 67% in the last year (T+3).  Employment rates in the control group increased from 10% in the first year (T)  to 35% in the last year (T+3)  In the model an increase of the work share by one percentage unit was assumed to reduce the share of former pupils in day-activity programs by one percentage unit | The cost per pupil of intervention was 290,000 SEK for 3 years of support, equivalent to 114 % of the cost of a full school year. JIS would have a positive benefit cost ratio. Depending on discount rate (3% or 3·5%) used the benefit cost ratio was 4·987 or 3·09 respectively. There would be a be a net present value of 0·592 million SEK It would take 7·5 years to generate a positive return on investment. | 70% |

# List of excluded studies at full text stage

1. Supported employment: helping members achieve recovery and economic independence: Thresholds Supported Employment Program, Chicago, Illinois. Psychiatric Services (Washington, DC). 2009;60(10):1392-4.

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3. Adding social value. Supply Management. 2009;14(17):26-7.

4. VR&E Has Strengthened Its Focus on Employment through the Five-Track Employment Process, but Has Not Updated Its Incentive Structure to Align with Its Mission. GAO Reports. 2009:8-.

5. VR&E Has Implemented Its Five-Track Employment Process and Strengthened Its Focus on Employment. GAO Reports. 2009:8-11.

6. MENTAL HEALTH SUPPORT. Equal Opportunities Review. 2009(195):7-.

7. Identifying strengths, goals key in supported employment arena. Mental Health Weekly. 2011;21(24):4-5.

8. Supported employment raises potential for clients in San Diego system. Mental Health Weekly. 2011;21(20):1-8.

9. JOBS NY assists people with psychiatric disabilities find sustainable employment. Contemporary Rehab. 2011;67(2):18-.

10. The Poppy Factory builds on employment support. Design Week (Online Edition). 2011:7-.

11. The Factors Influence upon Job Maintenance of the Mentally Disabled with Job Experience. Korean Journal of Occupational Health Nursing. 2012;21(1):1p-p.

12. Corrigendum...Becker DR, Drake RE, Bond GR. Benchmark outcomes in supported employment. American Journal of Psychiatric Rehabilitation. 2011;14(3):230–236. American Journal of Psychiatric Rehabilitation. 2012;15(2):238-.

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