Supplementary Table 2. Quality assessment of included studies according to the 10-item Drummond checklist.

**Checklist**

1. Was a well-defined question posed in answerable form?
2. Was a comprehensive description of the competing alternatives given (i.e. can you tell who did what to whom, where, and how often)?
3. Was the effectiveness of the programme or services established?
4. Were all the important and relevant costs and consequences for each alternative identified?
5. Were costs and consequences measured accurately in appropriate physical units (e.g. hours of nursing time, number of physician visits, lost work-days, gained life years)?
6. Were the cost and consequences valued credibly?
7. Were costs and consequences adjusted for differential timing?
8. Was an incremental analysis of costs and consequences of alternatives performed?
9. Was allowance made for uncertainty in the estimates of costs and consequences?
10. Did the presentation and discussion of study results include all issues of concern to users?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Canivet et al.(2016) | Yes: Researchobjectives statedp.1. Perspectiveexplicitlystated p.3 | Yes: Detaileddescription ofintervention andcomparator (careas usual) p.3 | Yes: Description of effectivenessresults p.2 | Yes: Relevant costs were included p. 4 | Yes: Costs measured accurately in appropriate units p. 10. | Yes: NationalUnit scale;Costs p. 4 | N/A | Yes: p. 7 | Yes: Sensitivity analysis p. 4 | Yes: Results compared to otherstudies.Discussion ofLimitations p. 9-12 |
| Bogosian et al. (2022) | Yes: Researchobjectives and alternatives statedp.155. However, perspectivesnot clearly stated | Yes: Description of intervention and wait-list p.155-156 | Yes: Effectivenessof the intervention brieflypresented with reference to another paper p.157 | Yes: Assumption made - only cost of the intervention reported p. 162 | Cannot tell: No clear specification of physical units | Cannot tell | N/A | Yes: ICER p. 162 | Yes: Sensitivity analysis was made but not reported p. 159 | Yes: Results compared to previous findings and limitations were discussed p.164-165 |
| Xin et al.(2020) | Yes: Researchobjectives and perspective clearly stated | Yes: Detaileddescription of intervention and control group p. 2-3 | Yes: Reference given to original effectiveness study p.2 | Yes: Different cost categories presented p. 3-4 | Yes: Costs measured accurately in appropriate units p. 4-5 | Yes: NHS National Schedule of Reference Costs | N/A | Yes: ICER p.5 | Yes: Sensitivity analysis reported p. 5-6 | Yes: Results compared to other studies. Limitations were discussed p. 7 |
| Clarke et al.(2016) | Yes: Researchobjective statedp.vii-viii. Perspectiveexplicitly reported p. xxii | Yes: Interventionand comparatorwere descripted indetail p. 13-14. | Yes: Detailedpresentation ofeffectivenessresults p. 8-11 | Yes: All relevant costs considered p. 15-17 | Yes: Costs measured accurately in appropriate units p. 15-17 | Yes: Credibly cost estimation, p. 15 | N/A | Yes: ICER p. 34 | Yes: Scatterplots with confidence ellipses and cost-effectiveness acceptability curves p. 36 | Yes: Resultscompared to otherstudies.Discussion of limitations p. 37-41 |
| Sturkenboom et al.(2015) | Yes: Researchobjectives and perspective clearly statedp.1059 | Yes: Interventionand comparator briefly explained p. 1060-1061 | Yes: Effectivenessresults presentedwith reference to the original study p. 1060 | Yes: Assessment of costs from a societal perspective p. 1060 | Yes. Costs measured accurately in appropriate units with reference to Appendix p. 1061 | Yes: Dutch manual for costing research or the Healthcare Insurance Board p. 1061 | N/A | Yes: WTP per QALY p. 1065  | Cannot tell | Yes: ResultsDiscussed, references to other studies made and limitations presented p. 1065 |
| Fletcher et al.(2012) | Yes: Researchobjectives clearlystated p.1.Perspectiveclearly stated p. 2 | Yes: Reference made to original study p. 2 | Yes: Effectivenessresults presentedp. 2 | Yes: Detailed description of relevant costs p. 3 | Yes: Costs measured accurately in appropriate units p. 3 | Yes: Local or national costs and prices for 2008/9, p. 3 | N/A | Yes: ICER p tim.6. | Yes: Cost-effectiveness acceptability curves p. 7 | Yes: Limitationsand implicationsdiscussed andcomparisons with previous literature made p. 6-8 |
| Joseph et al. (2019) | Yes: Research objectives clearly stated p.222. But perspective not clearly stated. | Yes: Description of interventions and comparator reported p.224. | Yes: Descriptionof effectivenessresults reportedp.223. | Yes: Different costcategoriespresentedp.225. | Yes: Costs measured accurately in appropriate units p. 228. | Yes, p. 225 | N/A | Yes: ICER p.228 | Yes: Uncertaintyanalyses reportedp.227 | Yes: Results compared to other studies. Discussion of limitations p.230- 231 |
| Farag et al.(2016) | Yes: Researchobjectives statedp.53. Perspectiveexplicitly stated p. 55 | Yes: Interventionand comparatorwere described p. 54 | Yes: Reference to previous studies p. 54 | Yes: Important and relevant costs identified p. 55 | Yes: Costs measured accurately in appropriate units p. 55-56 | Yes: Medicare Benefits Schedule p. 55 | N/A | Yes: ICER p. 58 | Yes: Cost-effectiveness scatter plots and acceptability curves p. 59 | Yes: Discussion, limitations and references to other studies p. 59-60 |
| Li & Harmer (2015) | Yes: Research objectives clearlystated p. 1.Perspectives explicitly stated p. 3 | Yes: Clear description of the different interventions p. 1 | Yes: Effectiveness of intervention described with reference to previous studies p. 1 | Yes: Intervention and nonintervention-related costs p. 3 | Yes: Costs measured accurately in appropriate units p. 3 | Yes: US Occupational Outlook Handbook p. 3 | Yes: Discount rate 3% p. 3 | Yes: ICER p. 3 | Yes: Sensitivity analyses p. 3 | Yes: Implications and limitations discussed p. 5 |

WTP, willingness-to-pay; N/A, not applicable.