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employed making comparisons between studies difficult. Outcomes in adulthood include negative impacts on (mental) health, quality of life, public sector services, employment status and income. The evidence base is improving for child and adolescent psychiatric disorders, although only one full cost-effectiveness analysis was identified since the previous review published in 2012. However, we still do not know enough about the economic implications of support and treatment for specific disorders. **Keywords:** Economic evaluations, childhood psychiatric disorders, treatment costs, support, costs, outcomes, resources.

## Introduction

Economic evaluation is increasingly becoming part of the research landscape and integral to the evidence base that supports services and interventions. In the United Kingdom, for example, NICE produces guidance for care providers to promote good health and prevent ill health that has weighed up both the costs and the benefits of treatments (www.nice.org.uk/ guidance). While economic evaluation of interventions for child and adolescent psychiatric disorders has lagged some way behind its adult counterpart, there have been three recent reviews (Kilian, Losert, McDaid, Park, & Knapp, 2010; Romeo, Byford, & Knapp, 2005; Zechmeister, Kilian, & McDaid, 2008). Each of these reviews aimed to identify and summarise evaluations that explore both the costs and the outcomes of interventions to treat or prevent mental health problems.

This review aims to do something slightly different, not least because the production rate for full economic evaluations is low, and take a wider look at the recent cost-related literature for child and adolescent psy-

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costs for childhood psychiatric disorders, illustrated

with ADHD: psychosocial and psychiatric problems,

(lower) educational achievement substance abuse

chiatric disorders. The first aim is to identify the costs of supporting those with psychiatric disorders. To match the breadth of consequences that childhood psychiatric disorders can have, the main interest is in studies that take a broad cost perspective. Health services can provide an important contribution to young people's health and mental health, but education plays a large part in children's lives and those with psychiatric disorders often require additional supports to help them attain. The justice system may bear considerable costs for some adolescents and, of course, families bear costs in terms of (co-) payments for services, other out-of-pocket expenditures, lost employment, and additional time spent caring. A narrow health care perspective may miss a large part of the full cost burden.

The costs of supporting children and adolescents with psychiatric disorders can be far higher than for their peers without these problems, but such disorders can also lead to problems in adulthood. They can lead to continued implications for public sector services, peer and family relationships, and reduced participation in the labour market. The second aim of this article, therefore, is to explore the extent to which these 'downstream' costs have been tracked or predicted. Bernfort, Nordfeldt, and Persson (2008) outline the data domains required to estimate societal

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Progress in economic studies across different disorders

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