**Supplementary materials**

**Appendix 1**

*Recruitment of participants*

Patients who sought treatment for their psychiatric disorder during the recruitment period (4th January 2012 to 22nd March 2012) were considered for inclusion in the study. Typically, the patient called the general practice and talked to a nurse, who asked what type of medical problem the patient had. If the nurse suspected that the patient might be eligible for inclusion in the study, she or he booked an appointment with the doctor that was 10–15 min longer than usual in order to make sure that the doctor had time to inform potentially eligible patients about participation in the study. The patients also received written information about the study and were given the opportunity to ask questions. It was emphasised to the patient that participation was voluntary and could be terminated at any time during the study. If the patient agreed to participate, both the doctor and the patient signed a written informed consent.

The patients were assessed for the need of pharmacological treatment and were prescribed psychotropic drugs if that was considered necessary. Sometimes the doctor also ordered thyroid laboratory tests, in order to exclude potential thyroid disease that might explain the psychiatric symptoms. If the thyroid tests were abnormal, the patient was not considered for inclusion in the study. After the consultation, the patient was asked to fill in three self-rated depression and anxiety scales: The Montgomery–Åsberg Depression Rating Scale (MADRS-S), the Hospital Anxiety and Depression Scale (HADS, anxiety and depression subscales) and the Patient Health Questionnaire (PHQ-9).

*Inclusion criteria*

The four criteria below all needed to be fulfilled for inclusion in the study. The listed ICD-10 codes in the first criterion were based on clinical diagnoses, made by medical doctors.

(a) One or more of the following ICD-10 psychiatric diagnoses:

F32.0: mild depressive episode,

F32.1: moderate depressive episode,

F32.9: depressive episode, unspecified,

F33.0: recurrent depressive disorder, current episode mild,

F33.1: recurrent depressive disorder, current episode moderate,

F41.0: panic disorder,

F41.1: generalised anxiety disorder,

F41.2: mixed anxiety and depressive disorder,

F41.3: other mixed anxiety disorders,

F41.8: other specified anxiety disorders,

F41.9: anxiety disorder, unspecified,

F43.2: adjustment disorders,

F43.8: other reactions to severe stress,

F43.9: reaction to severe stress, unspecified.

(b) Age 20–64 years (i.e. the population of working age).

(c) Ability to speak and read Swedish.

(d) One or more (i.e. at least one) of the following cut-offs:

* a score between 13 and 34 on the MADRS-S scale;
* a score ≥7 on the HADS anxiety subscale;
* a score ≥7 on the HADS depression subscale;
* a score ≥10 on the PHQ-9 scale.

*Exclusion criteria*

Exclusion criteria were any of the following seven:

* severe psychiatric symptoms requiring psychiatric care;
* risk of suicide;
* inability to participate at group sessions because of severe substance misuse;
* pregnancy;
* current psychotherapy of any kind;
* participation in any other psychiatric intervention study;
* thyroid disease (if newly diagnosed by the doctor).

*MGT cost calculation*

The cost for providing mindfulness intervention included the cost of mindfulness instructors. Two instructors participated in each MGT-session, which lasted for two hours. The cost for one instructor per hour was 850 SEK. Therefore, the cost per session was 3,400 SEK. Each group could have no more than 10 participants giving a total of 14 MGT-groups. With one session per group and week, a total of 112 sessions (8×14) were provided during the trial. Each session cost 3,400 SEK, therefore the total intervention cost was 380,800 SEK (112×3,400). Therefore, the cost per person for the entire trial duration was 3,462 SEK (380,800÷110). It is worth to mention that not every participant attended all the 8 sessions. However, it is a cost whether a participant is present or not. Therefore, the same cost (3,462) has been assigned to all participants.

Table 1: Number (mean) of healthcare professional visits by the control group and their unit costs

|  |  |  |  |
| --- | --- | --- | --- |
| Healthcare professionals | Mean (Sd) | Unit cost in Swedish Krona (2012) | Unit cost in Euro (2012) |
| Physiotherapist | 4.19 (3.72) | 876 | 101 |
| Counsellors | 0.30 (1.20) | 876 | 101 |
| Other therapy | 0.33 (1.209) | 850 | 98.00 |

Sd, standard deviation. Note: Only one participant in the mindfulness group had any healthcare professional visits besides the intervention.

Source:

1. <https://statva.skl.se/KPP_somatik_publik.html>



Figure 1: CE-Plane from the societal perspective (Northeast 0.1%, Southeast 7.8% Southwest 91.3%, Northwest 0.9%)



Figure 2: CE-Plane from the healthcare perspective (Northeast 0.1%, Southeast 7.8% Southwest 91.8%, Northwest 0.1%)

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Figure 3: CEAC from the healthcare perspective. CEAC indicates the probability of the intervention being cost-effective at different values (€) of willingness-to-pay per QALY. The dotted line is the NICE threshold applied in the current study.

**Appendix 2**

**CHEERS Checklist**

|  |  |
| --- | --- |
| **Title and abstract** | |
| Title | Yes |
| Abstract | Yes |
| **Introduction** | |
| Background & objectives | Yes |
| **Methods** | |
| Target population & subgroups | Yes |
| Setting & location | Yes |
| Study perspective | Yes |
| Comparators | Yes |
| Time horizon | Yes |
| Discount rate | Not Applicable |
| Choice of health outcomes | Yes |
| Measurement of effectiveness (RCT/synthesize) | Yes |
| Valuation of preference-based outcomes | Yes |
| Estimating resources & costs (RCT/Model) | Yes |
| Currency, price date, conversation | Yes |
| Choice of model | Not Applicable |
| Assumptions | Yes |
| Analytical methods | Yes |
| **Results** | |
| Study parameters | Yes |
| Incremental costs and outcomes | Yes |
| Uncertainty | Yes |
| Heterogeneity | Yes |
| **Discussion** | |
| Study findings, limitations, generalisability | Yes |
| **Other** | |
| Funding source | Yes |
| Conflicts of interest | Yes |