

RESEARCH IN CONTEXT

Evidence before this study

We did a systematic review to identify randomised controlled trials and systematic reviews of multisystemic therapy (MST) for adolescent antisocial behaviour for our previous report on the outcomes of this trial to 18 months. The review encompassed studies to Dec 31, 2016, and found 22 primary randomised trials of MST. Previous reviews (eg, for NICE) identified MST as a promising intervention for young people with conduct problems. However, the outcomes of the trials were mixed, with generally good outcomes in studies based in the USA, but some reports of non-USA studies suggesting that MST was no more effective at reducing antisocial behaviour than usual services.

We did an additional search of Embase, MEDLINE and PsycINFO for any relevant randomised trials of MST that had been published from Jan 1, 2017 to Dec 1, 2019, using the terms “multisystemic therapy” or “MST”. We found one additional trial published in 2018. In total, 13 studies were carried out in the USA and 10 in Europe. The median follow-up period was 18 months, ranging from 6 months to 22 years. With the exception of two USA-based studies that followed up a 1995 trial of MST 13 and 22 years later, no trial evaluated MST outcomes for more than 48 months.

We have previously published the outcomes of the START trial to 18 months. At the time, it was the only independent large-sample trial evaluating the medium-term superiority and cost-effectiveness of MST in the UK. We found no additional benefit of MST compared with management as usual in terms of out-of-home placements, but MST did have a positive effect for parent-reported offending behaviour at 18 months and was associated with a faster rate of positive behavioural changes.

Added value of this study

The present study follows on from the initial 18-month follow up, reporting criminal convictions to 60 months post-baseline and secondary (self-reported) outcomes, including an economic analysis, to 48 months. Most evaluations of the effectiveness of MST from the USA to date have indicated that it is more effective than other interventions. Evidence from European countries has been more equivocal. To our knowledge, this is the longest follow-up for a randomised controlled evaluation of MST in the UK to date. The outcomes do not support the long-term superiority of MST, despite the results of the initial 18-month follow-up where parents report suggested more rapid change associated with MST. These outcomes include the proportion of young people who offended at 60-month follow-up and secondary evaluations of young people's behaviour and adjustment, psychosocial functioning, family functioning, and quality of life, as well as the cost-effectiveness of MST compared with management as usual.

Implications of all the available evidence

Our results do not support the superiority of MST in the UK for young people with conduct problems, and we found no evidence of MST being more cost-effective in the long term. It is possible that MST is more beneficial in the context of the social services and criminal justice system in the USA, but that in the UK the needs of young people with conduct problems are met equally well by the usual services currently offered to them.