National Institute for Health and Care Excellence

Draft for consultation

# Post-traumatic stress disorder: management (update)

## [H] Evidence review for principles of care

*NICE guideline <number>*

*Evidence reviews*

*June 2018*

*Draft for Consultation*

*These evidence reviews were developed by the National Guideline Alliance, hosted by the Royal College of Obstetricians and Gynaecologists*

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ISBN:

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# Principles of care

This evidence report contains information on 1 review relating to the treatment of PTSD.

- Review question 6.1 For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?

## Review question For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?

### Introduction

Adults, children and young people with post-traumatic stress disorder (PTSD) often report that the level of support available from healthcare and social care professionals can be variable. As a result of the perceived variation in the level of support and information given to adults, children and young people with PTSD and their parents and/or carers, the committee considered it was important to investigate what care and support was required. This review aims to provide guidance that will support health and social care services to standardise access to, and appropriately delivery, treatment across the country.

### Summary of the protocol (PICO table)

Please see Table 1 for a summary of the Condition, Perspective, Study Design, Outcome, and Evaluation of this review.

**Table 1: Summary of the protocol (PICO table)**

| | |
|---|---|
| **Condition** | Adults, young people and children with clinically important post-traumatic stress symptoms (as defined by a diagnosis of PTSD according to DSM, ICD or similar criteria, or clinically-significant PTSD symptoms as indicated by baseline scores above threshold on a validated scale) |
| **Perspective** | Service users, their family or carers |
| **Study Design** | • Systematic reviews<br>• Primary qualitative studies |
| **Outcome** | Experience of interventions or services in primary, secondary, tertiary, social care and community settings |
| **Evaluation** | Experience and views of services. This includes experience/views of:<br>• access to care<br>• engagement with care<br>• care received<br>• practical support received<br>• social support received<br>• care planning and coordination<br>• content and configuration of services<br>• satisfaction with services<br>• awareness, knowledge and use of wider services<br>• a service delivery model change/intervention |

For full details see review protocol in Appendix A.

## Methods and processes

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual; see the methods chapter for further information.

Declarations of interest were recorded according to NICE's 2014 and 2018 conflicts of interest policies.

## Clinical evidence

### Included studies

Twenty eight primary qualitative studies (n= 716) were included in the review (Bance 2014; Bermudez 2013; Borman 2013; Dittman & Jensen 2014; Eisenman 2008; Ellis 2016; Ellison 2012; Ghafoori 2014; Hundt 2015; Jindani & Khalsa 2015; Kaltman 2014; Kaltman 2016; Kehle-Forbes 2017; Murray 2016; Niles 2016; Palmer 2004; Possemato 2015; Possemato 2017; Salloum 2015; Salloum 2016; Stankovic 2011; Story & Beck 2017; Taylor 2013; Tharp 2016; Valentine 2016; Vincent 2013; West 2017; Whealin 2016).

The clinical studies included in this evidence review are summarised in Table 2 and evidence from these are summarised in the clinical GRADE-CERQual evidence profile below (Table 3).

See also the study selection flow chart in Appendix C – Clinical evidence study selection and study evidence tables in Appendix D – Clinical evidence tables.

### Excluded studies

# Studies not included in this review with reasons for their exclusions are provided in

Appendix K – Excluded studies.

## Summary of qualitative studies included in the evidence review

Table 2 provides a brief summary of the included studies

**Table 2: Summary of included studies**

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| Bance 2014 | Face to face interview | N=29, adults with PTSD | The study aimed to describe the experience of a traumatic event from the viewpoint of Toronto Transit Commission (TTC) workers, and to explore what traumatized TTC employees perceived as barriers and motivating factors in help seeking after experiencing a traumatic event at work. | Overall quality based on limitations:16 |
| Bermudez 2013 | Three face to face interviews and a focus group | N=10, adults with PTSD | The study aimed to explore how low-income minority women with a history of intimate partner violence experienced mindfulness training. | Overall quality based on limitations:16 |
| Borman 2013 | Telephone interview | N=65, adults with PTSD | The study aimed to identify types of situations and ways that Mantram repetition was used to manage symptoms of PTSD. | Overall quality based on limitations:17 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| Dittman 2014 | Telephone interview | N=30, children with PTSD | The objective of this study was to explore traumatised youths' experiences of receiving TF-CBT. | Overall quality based on limitations:17 |
| Eisenman 2008 | Face to face interview | N=60, adults with PTSD | The study aimed to understand the illness beliefs and treatment preferences of Latino immigrants with PTSD. | Overall quality based on limitations:16 |
| Ellis 2016 | Face to face interview | N=5, adults with PTSD | This study examined the nature of changes in dreams following the reimagining of a new ending to recurrent nightmares, resulting in a theory about why clients might experience symptom relief from the process. | Overall quality based on limitations: 10 |
| Ellison 2012 | Focus group | N=29, adults with PTSD | This study examines a qualitative needs assessment for education supports among veterans with post-9/11 service with self-reported PTSD symptoms. | Overall quality based on limitations: 15 |
| Ghafoori 2014 | Interview | N=27, adults with PTSD | The study aimed to describe and understand the narratives of urban, low-income, trauma-exposed adults to learn | Overall quality based on limitations: 16 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | about mental health beliefs related to trauma exposure, mental health outcomes, and the use of mental health services. | |
| Hundt 2015 | Interview multiple methods | N=23, adults with PTSD | To examine veterans' experiences initiating evidence based psychotherapies or PTSD. | Overall quality based on limitations: 17 |
| Jindani 2015 | Telephone interview | N=40, adults with PTSD | The study aimed to understand the experiences of participants with PTSD symptoms partaking in trauma sensitive Kundalini yoga treatment. | Overall quality based on limitations: 16 |
| Kaltman 2014 | Face to face interview | N=27, adults with PTSD | This study sought to develop and preliminarily evaluate a mental health intervention for trauma-exposed Latina immigrants with depression and/or PTSD for primary care clinics that serve the uninsured. | Overall quality based on limitations: 13 |
| Kaltman 2016 | Face to face interview | N=28, adults with PTSD | The study aimed to evaluate a mental health intervention for trauma-exposed | Overall quality based on limitations: 13 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | Latina immigrants with depression and/or posttraumatic stress disorder (PTSD) for primary care clinics that serve the uninsured. | |
| Kehle-Forbes 2017 | Telephone interview | N=37, adults with PTSD | This study's objective was to obtain a richer understanding of the challenges and successes encountered by women veterans with self-reported service-related trauma histories receiving VHA care. | Overall quality based on limitations: 15 |
| Murray 2016 | Free-text written response | N=25, adults with PTSD | This study aimed to ascertain whether participants found site visits helpful, to test whether the functions of the site visit predicted by cognitive theories of PTSD were endorsed. | Overall quality based on limitations: 16 |
| Niles 2016 | Focus group and interview | N=17, adults with PTSD | The study aimed to examine feasibility, qualitative feedback and satisfaction associated with a 4-session introduction to Tai Chi for veterans with post-traumatic stress symptoms. | Overall quality based on limitations: 16 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | | |
| Palmer 2004 | Face to face interview | N=30, adults with PTSD | The study aimed to gain a fuller understanding of the perspectives of individuals dealing with the traumatic effects of child abuse. | Overall quality based on limitations: 13 |
| Possemato 2015 | Focus group | N=18, adults with PTSD | The study aimed to explore veterans' experiences using a Web-based patient self-management program that teaches CBT skills to manage PTSD symptoms and substance misuse. | Overall quality based on limitations: 13 |
| Possemato 2017 | Telephone interview | N=16, adults with PTSD | The study aimed to refined an intervention to provide clinician support to facilitate use of the PTSD Coach app and gathered VA provider and patient qualitative and quantitative feedback on CS-PTSD Coach to investigate preliminary acceptability and Implementation barriers/facilitators. | Overall quality based on limitations: 16 |
| Salloum 2015 | Face to face interview | N=33, children with PTSD and their family/carers | The study aimed to explore experiences of a parent-led, therapist-assisted treatment during | Overall quality based on limitations: 18 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | Step One of Stepped Care Trauma-Focused Cognitive Behavioral Therapy. | |
| Salloum 2016 | Face to face interview | N=52, children with PTSD and their family/carers | The study aimed to examine caregiver's perceptions of parent-led stepped care trauma focused-cognitive behavioural therapy and therapist led trauma focused cognitive behavioural therapy. | Overall quality based on limitations: 17 |
| Stankovic 2011 | Face to face interview | N=11, adults with PTSD | The study aimed to examine responses to and challenges to iRest, integrative restoration mindfulness meditation. | Overall quality based on limitations: 10 |
| Story 2017 | Focus group and interview | N=5, adults with PTSD | This study aimed to explore female veteran's experience of the guided imagery and music sessions. | Overall quality based on limitations: 18 |
| Taylor 2013 | Face to face interview | N=9, adults with PTSD | The study aimed to explore the relationship between persistent pain and re-experiencing of traumatic events in survivors of torture. | Overall quality based on limitations: 18 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | | |
| Tharp 2016 | Face to face interview | N=25, adults with PTSD | The study aimed to gain the perspectives of male veterans with and without post-traumatic stress disorder to inform IPV prevention and treatment within the Veterans Administration (VA) healthcare system. | Overall quality based on limitations: 16 |
| Valentine 2016 | Face to face interview | N=24, adults with PTSD | The study aimed to describe associations between various types of mental health stigma and help-seeking behaviours among ethnically diverse clients with posttraumatic stress disorder (PTSD) served by an urban community health clinic. | Overall quality based on limitations: 18 |
| Vincent 2013 | Face to face interview | N=7, adults with PTSD | This study considers the acceptability of TF-CBT for asylum-seekers with PTSD by exploring their experiences of treatment. | Overall quality based on limitations: 15 |
| West 2017 | Face to face interview | N=31, adults with PTSD | The study aimed to investigate how yoga impacts symptoms from | Overall quality based on limitations: 17 |

| Study | Study design and methods | Population | Aims | Limitations assessed using an adapted Critical Appraisal Skills Programme (CASP 2006) |
|---|---|---|---|---|
| | | | perspective of adult women with PTSD. | |
| Whealin 2016 | Focus group | N=10, adults with PTSD | The study seeks to interpret actions of veterans in use of Ehealth. | Overall quality based on limitations: 16 |

*PTSD, post-traumatic stress disorder; TTC, Toronto Transit Commission; TF-CBT, trauma-focused cognitive behavioural therapy; VHA, Veterans Health Administration; CBT, cognitive behavioural therapy; VA, Veterans Administration; CS-PTSD, clinician-supported post-traumatic stress disorder; IPV, intimate partner violence.*

## Quality assessment of clinical studies included in the evidence review

The clinical evidence profile for this review question the principles of care and support for people with PTSD and their families and carers are presented in Table 3.

**Table 3: Summary clinical evidence profile (adapted GRADE approach for qualitative findings)**

| Study information | | | Quality assessment | | |
|---|---|---|---|---|---|
| Number of studies | Design | Description of theme or finding | Criteria | Rating | Overall |
| Theme 1: Apprehension engaging in the intervention or service | | | | | |
| n=19 | Interview: n=14<br>Focus group: n=2<br>Focus groups & interviews: n=2<br>Free-text written response: n=1 | Nineteen studies (Bermudez 2013; Borman 2013; Dittman 2014; Eisenman 2008; Ellison 2012; Ghafoori 2014; Hundt 2015; Jindani & Khalsa 2015; Kaltman 2014; Murray 2016; Palmer 2004; Possemato 2015; Salloum 2015; Stankovic 2011; Story 2017; Taylor 2013; Valentine 2016; Vincent 2013; West 2017), reported experiencing apprehension engaging in the intervention or service.<br>Service users felt a sense of reluctance and experienced difficulties engaging with therapists (Dittman 2014; Eisenman 2008; Hundt 2015; Salloum 2015; Story 2017; Taylor 2013; Valentine 2016; Vincent 2013). However, authors noted how with | Limitation of evidence | Moderate limitations | High confidence |
| | | | Coherence of findings | Coherent | |
| | | | Applicability of evidence | Applicable | |
| | | | Sufficiency or saturation | Saturation | |

| Study information | | | Quality assessment | | |
|---|---|---|---|---|---|
| Number of studies | Design | Description of theme or finding | Criteria | Rating | Overall |
| | | supportive and engaged therapist's service users were able to overcome their reservations and access or continue to access services.<br>Service users also expressed a reluctance to reflect on their traumatic experience and a further reluctance to continue to reflect on their experience (Borman 2013; Dittman 2014; Eisenman 2008; Ghafoori 2014; Hundt 2015; Jindani 2015; Palmer 2004; Salloum 2015; Stankovic 2011; Taylor 2013; Vincent 2013).<br>However, other service users felt this reflection was necessary and allowed for the process of recovery (Bermudez 2013; Hundt 2015; Jindani 2015; Murray 2016; Salloum 2015; West 2017).The authors recommended the need for individualised and tailored treatment.<br>Services users also described apprehension engaging in the intervention or service due to stigmatisation from service providers, family members or carers and society as a whole (Ghafoori 2014; Kaltman 2014; Palmer 2004; Possemato 2015; Valentine 2016; Vincent 2013). Some service users felt they were able to overcome stigmatisation. | | | |
| Theme 2: Organisation of the intervention or service | | | | | |
| n=18 | Interview: n=14<br>Focus group: n=3 | Eighteen studies (Dittman 2014; Eisenman 2008; Ellison 2012; Hundt 2015; Jindani & Khalsa 2015; Kaltman 2014; Niles 2016; Palmer 2004; Possemato | Limitation of evidence | Moderate limitations | High confidence |
| | | | Coherence of findings | Coherent | |
| | | | Applicability of evidence | Adequate | |

| Study information | | | Quality assessment | | |
|---|---|---|---|---|---|
| Number of studies | Design | Description of theme or finding | Criteria | Rating | Overall |
| | Focus group and interview: n=1 | 2015; Possemato 2017; Salloum 2015; Salloum 2016; Stankovic 2011; Taylor 2013; Tharp 2016; Valentine 2016; Vincent 2013; Whealin 2016), reported on the organisation of the intervention or service.<br>Service users expressed a lack of understanding and awareness of which treatment approaches would be appropriate and described a lack of suitable direction to services (Eisenman 2008; Ellison 2012; Whealin 2016).<br>Service users described the need for clear and structured interventions and services with set learning objectives (Hundt 2015; Jindani 2015; Niles 2016; Possemato 2015; Possemato 2017; Salloum 2015; Salloum 2016; Stankovic 2011).<br>Service users noted the importance of a flexible approach to interventions and services and some favoured interventions and services in non-clinical environments (Ellison 2012; Niles 2016; Possemato 2017; Valentine 2016; Whealin 2016).<br>Service users expressed the need for an option for the involvement of family members in their care (Dittman 2014; Hundt 2015; Kaltman 2014; Niles 2016; Palmer 2004; Possemato 2015; Salloum 2015; Salloum 2016; Taylor 2013; Tharp 2016). However, in a study (Dittman 2014) of children with PTSD some children described a reluctance for family involvement.<br>Service users described experiencing an abrupt end to treatment and the need for | Sufficiency or saturation | Saturation | |

| Study information | | | Quality assessment | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of theme or finding** | **Criteria** | **Rating** | **Overall** |
| | | a substantial follow-up period (Niles 2016; Palmer 2004; Possemato 2015; Stankovic 2011; Tharp 2016; Vincent 2013).<br>Services users expressed the need for configuration of services during and after treatment, including providing consistent care across services and individualised care, such as the option for gender matched and bilingual doctors (Bance 2014; Ellison 2012; Hundt 2015; Kaltman 2014; Kehle-Forbes 2017; Palmer 2004; Stankovic 2011; Vincent 2013). | | | |
| Theme 3: Sharing common experiences | | | | | |
| n=18 | Interview: n=13<br>Focus group: n=2<br>Focus group & interview: n=3 | Eighteen studies (Bermudez 2013; Borman 2013; Dittman 2014; Eisenman 2008; Ellis 2016; Ellison 2012; Hundt 2015; Jindani 2015; Kaltman 2014; Kaltman 2016; Niles 2016; Palmer 2004; Possemato 2015; Stankovic 2011; Story 2017; Tharp 2016; West 2017; Whealin 2016) described service-users sharing common experiences with peers.<br>Service users discussed the benefits of sharing their experience with others who have also experienced traumatic events (Bermudez 2013; Borman 2013; Dittman 2014; Ellis 2016; Ellison 2012; Jindani 2015; Kaltman 2014; Kaltman 2016; Niles 2016; Palmer 2004; Possemato 2015; Stankovic 2011; Story 2017; Tharp 2016; West 2017; Whealin 2016).<br>However, some service users expressed a reluctance to peer support interventions or services (Eisenman 2008; | Limitation of evidence | Moderate limitations | High Confidence |
| | | | Coherence of findings | Coherent | |
| | | | Applicability of evidence | Adequate | |
| | | | Sufficiency or saturation | Saturation | |

| Study information | | | Quality assessment | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of theme or finding** | **Criteria** | **Rating** | **Overall** |
| | | Ellison 2012; Palmer 2004; Tharp 2016).<br>Service users also described peer recommendations as a prompt into treatment (Ellison 2012; Hundt 2015). | | | |
| Theme 4: Intervention provision by a trusted expert | | | | | |
| n= 18 | Interview: n= 15<br>Focus group: n=2<br>Focus group and interview: n=2<br>Free-text written response: mn=1 | Eighteen studies (Dittman 2014; Eisenman 2008; Ellison 2012; Hundt 2015; Kaltman 2014; Kaltman 2016; Murray 2016; Niles 2016; Palmer 2004; Possemato 2017; Salloum 2015; Salloum 2016; Stankovic 2011; Story 2017; Valentine 2016; Vincent 2013; West 2017; Whealin 2016) reported interventional support by trusted experts.<br>Service users expressed an avoidance of relational support in favour of receiving support from trusted experts (Dittman 2014; Eisenman 2008; Kaltman 2014; Salloum 2016; Valentine 2016).<br>Service users highlighted their trust in professionals to provide appropriate interventions and services (Dittman 2014; Ellison 2012; Hundt 2015; Kaltman 2014; Kaltman 2016; Murray 2016; Niles 2016; Palmer 2004; Possemato 2017; Salloum 2015; Stankovic 2011; Story 2017; Vincent 2013; West 2017; Whealin 2016). | Limitation of evidence | Moderate limitations | High Confidence |
| | | | Coherence of findings | Coherent | |
| | | | Applicability of evidence | Adequate | |
| | | | Sufficiency or saturation | Saturation | |

## Economic evidence

A systematic review of the economic literature was conducted but no relevant studies were identified which were applicable to this review question. Economic modelling was not undertaken for this question because other topics were agreed as higher priorities for economic evaluation.

## Resource impact

The recommendations made by the committee based on this review are not expected to have a substantial impact on resources. The committee's considerations that contributed to the resource impact assessment are included under the ‘Cost effectiveness and resource use’ in 'The committee's discussion of the evidence' section.

## Evidence statements

Four themes emerged from the evidence provided from the interviews, focus groups and free-text written responses with children, young people and adults with PTSD. The themes centred on the apprehension of engaging in interventions or services, the utilisation of peer support groups, involvement of family members and carers, and the requirement of flexibility in the delivery of treatment. The four broad themes that emerged after review of the literature were: ‘Apprehension engaging in the intervention or service’, ‘organisation of the intervention or service’, ‘sharing common experience’ and ‘intervention provision by a trusted expert’.

### Apprehension engaging in the intervention or service

Nineteen studies with a quality assessment range of 10-18 reported on the theme apprehension engaging in the interventions or service.

In these studies, participants felt apprehension engaging in the intervention or service, and reported difficulties engaging with a therapist, stigmatisation and fear of re-traumatisation, although some participants expressed a therapeutic component to reflection of their traumatic experience.

### Organisation of the intervention or service

Eighteen studies with a quality assessment range of 10-18 reported on the theme organisation of the intervention or service.

In these studies, participant expressed limited awareness of interventions and services, the need for clear and structured interventions and services, flexibility in the setting of interventions, involvement of family members and carers in treatment, the requirement for post intervention or service follow-up and configuration of interventions and services.

### Sharing common experiences

Eighteen studies with a quality assessment range of 10-18 reported on the theme sharing common experiences.

In these studies, participants described peer recommendations as a source of engagement in services and interventions and participants expressed the perceived benefits of sharing their experiences with others who have also experienced a traumatic event. However, some participants described a reluctance to engage in peer support and they suggested support should be tailored to the individual.

### Intervention provision by a trusted expert

Eighteen studies with a quality assessment range of 10-18 reported on the theme intervention provision by a trusted expert.

In these studies, participants described avoidance of relational support from family members or friends favouring support from trusted experts. Participants expressed trust in professionals to provide appropriate and effective interventions and services.

## Recommendations

1. **Involve family members and carers, where appropriate, in treatment for people with PTSD as a way to:**
    - inform and improve the care of the person with PTSD **and**
    - identify and meet their own needs as carers.

2. **Promote access to services for people with PTSD by:**
    - providing a care model that is clear about the range of interventions and services offered and the people that may benefit, rather than prioritising reasons why services cannot be accessed
    - ensuring that methods of access to services take into account the needs of specific populations of people with PTSD, including migrants and asylum seekers.
    - minimising the need to move between different services or providers
    - providing multiple points of access to the service
    - establishing clear links to other care pathways, including for physical healthcare needs
    - offering flexible modes of delivery, such as using text messages, email, telephone or video consultation, or care in non-clinical settings such as schools or offices
    - offering a choice of therapist that takes into account the person's trauma experience – for example they might prefer a specific gender of therapist
    - using proactive person-centred strategies to promote uptake and sustained engagement.

3. **Be aware that people with PTSD may be apprehensive, anxious and may avoid treatment or have difficulty developing trust. Engagement strategies could include following up when people miss appointments.**

4. **Provide access to peer support groups wherever possible. Peer support groups should:**
    - be facilitated by people with training and supervision
    - be delivered in a way that does not risk re-traumatisation
    - provide information, and help to access services

## Rationale and impact

### Why the committee made the recommendations

#### Supporting people with PTSD

Based on the evidence and their own clinical experience, the committee discussed how people with PTSD are often apprehensive about making contact with services and may not know what treatments and help are available. They agreed that this underlined the need for good information and support, tailored to people's needs, about interventions and services so that people know what care to expect and how it will be provided (for example where and by whom).

**Involving family members in treatment**

There was evidence that involving families and carers in treatment provided extra support for the person while also giving the family or carer a greater understanding of PTSD. However, family or carer involvement was not universally reported as positive, with some people not liking the feeling of being talked about in their absence, so the committee agreed this should be discussed with the person first.

Evidence review G also has evidence and discussion on support for families and carers.

**Uptake and engagement**

Evidence suggested that common reasons for not seeking help for PTSD are apprehension about engaging with a therapist, fear of re-traumatisation, stigmatisation and limited awareness of available interventions and services. The committee agreed it was important to raise awareness among healthcare professionals of this apprehension and anxiety, prevent them from misinterpreting why someone is not engaging, and encourage them to take additional steps to engage people.

**Peer support**

The evidence for peer support groups was limited but included some compelling reports from people with PTSD that sharing experiences with other people who had also experienced a traumatic event was beneficial, and this was reported for different types of traumatic experience. Findings suggested that peer support could also help people overcome their doubts and fears about having treatment by telling them about available help and support and encouraging them to engage with services.

**Planning treatment and supporting engagement**

The committee agreed that any strategies for promoting engagement need to be based on an understanding that people with PTSD are often highly anxious about having treatment and frequently avoid it. This was supported by evidence that common reasons for not seeking help include worry about engaging with a therapist, fear of re-traumatisation and stigmatisation. The committee agreed that healthcare professionals need to understand these reasons so that they don't misinterpret why someone is not engaging and they know the best ways to help them – including by contacting them if they don't come for an arranged appointment.

Evidence review J also has discussion and evidence supporting the recommendations on planning treatment and supporting engagement.

### Impact of the recommendations on practice

These recommendations are good practice points that will help improve consistency of care. Any minor resource impact should be offset by potential time savings and efficiency benefits from improved uptake and engagement.

Peer support groups are not routinely offered everywhere but they are in fairly widespread use. The committee noted that providing access to these groups should not involve major resource implications. Any costs would be offset by potential savings associated with promoting earlier access to support that will help to prevent people from developing more severe problems.

## The committee's discussion of the evidence

### Interpreting the evidence

#### *The outcomes that matter the most*

All outcomes in this review (themes that emerged from qualitative meta-synthesis) were in line with the phenomenon of interest listed in the protocol (factors or attributes that can enhance or inhibit access to services; factors or attributes that can enhance or inhibit uptake of and engagement with intervention and services; actions by services that could improve or diminish the experience of care; experience of specific service developments or models of service delivery) and were considered critical outcomes. The outcomes considered were deliberately very broad in order not to inhibit themes and sub-themes that emerged inductively through the qualitative synthesis.

#### *The quality of the evidence*

An adapted GRADE approach CERQual was used to assess the evidence by themes. Similar to GRADE in effectiveness reviews, this includes 4 domains of assessment and an overall rating:

- Limitations across studies for a particular finding or theme (using the criteria described above).
- Coherence of findings (equivalent to heterogeneity but related to unexplained differences or incoherence of descriptions).
- Applicability of evidence (equivalent to directness, i.e. how much the finding applies to our review protocol).
- Saturation or sufficiency (this related particularly to interview data and refers to whether all possible themes have been extracted or explored).

The committee agreed that the review included a range of well-conducted primary studies and was both comprehensive and of high quality. In addition, the themes that emerged were in line with the experience reported by the lay members of the committee and the concerns about experience of care expressed by clinical members of the committee. A limitation noted by the committee was the small number of studies which directly explored the experience of children with PTSD (n=3), however, the committee agreed that the principles that emerged from the more substantive adult review were equally applicable to children.

### *Benefits and harms*

The committee recognised that a significant proportion of the qualitative findings were covered by existing recommendations (sections 1.3, 1.4 and planning treatment [1.6] in the short guideline), however, these recommendations were reworded to more accurately reflect the needs of service users. One of these areas concerned the involvement of families and carers, where the committee agreed to recommend that family and carers were involved in treatment for people for PTSD where appropriate, rather than routinely, in order to reflect the somewhat mixed experiences from the qualitative evidence review that suggest that family involvement may not always be desirable and/or helpful.

Another area where the committee considered it appropriate to amend an existing recommendation (section 1.3 of the short guideline) based on the high quality of the included studies was in terms of flexible modes of intervention delivery. The committee discussed the preference for flexibility that emerged from the qualitative review and considered this in the context of the quantitative evidence for the clinical efficacy of some of these remote approaches, for example, computerised trauma-focused CBT, that suggests that patient preference can be promoted without a negative impact on therapeutic benefit. A theme emerging from the qualitative synthesis was a preference for home-based interventions. However, the committee had safety concerns around recommending home-based interventions, and considered it more appropriate to recommend care in non-clinical settings, giving examples of settings this could include (schools or offices).

The committee also considered it appropriate to amend existing recommendations (section 1.3 and planning treatment [1.6] of the short guideline) about promoting access to services based on the high quality of the included studies, in order to emphasise that service users are very apprehensive about engaging in interventions or services. The committee discussed the finding that service users often find it difficult to engage with their therapist, and agreed the importance of facilitating patient preference in order to ameliorate this barrier. For example, if a female therapist is preferred by a woman who has been abused by a man. The committee also discussed challenges in terms of uptake and engagement of interventions. This finding emerged from the qualitative review, in terms of a service user need for information about services available and follow-up support, and this theme resonated with the clinical experience of the committee. In light of this, the committee agreed to amend an existing recommendation in order to highlight the need for proactive patient-centred strategies to enable people with PTSD to access appropriate treatment and facilitate the uptake of and engagement with therapeutic interventions.

An area where there was no evidence for clinical efficacy but where the qualitative meta-synthesis suggested potential benefits was for peer support groups as it is recognised it can be difficult for people with PTSD to engage socially. The committee considered that the potential benefits of peer support groups included facilitating access to services (through signposting, support and encouragement offered by peers) and could help individuals at risk of social isolation to integrate with others with shared experiences. The committee discussed how peer support groups should be offered in a way that does not risk re-traumatisation and considered it important that the groups be constituted in a way that minimises this risk, for example, by considering the composition of the group in terms of trauma type (for instance, it might not be appropriate to include a woman who has experienced childhood sexual abuse in a predominantly male combat-related trauma peer support group). The committee also agreed that the potential risk of re-traumatisation could be minimised through facilitation by people with appropriate training, supervision and expertise, and the provision of information and support.

The committee acknowledged the difficulties that some service-users faced at the end of an intervention or service, namely that the abrupt transition out of treatment was challenging. Therefore, the committee pointed out that there was a need for a continuation of care at the end of trauma-focused treatment, where appropriate.

**Cost effectiveness and resource use**

No economic evidence is available for this review question. The evidence review indicated that people with PTSD might be apprehensive or anxious and avoid engaging in treatment. Therefore, the committee advised engagement strategies be implemented, such as following up service users who miss appointments, providing multiple points of access to the service and offering flexible modes of delivery, such as remote care using text messages, email, telephone or video consultation, or care in non-clinical settings such as schools or offices. These recommendations are good practice points that will help improve consistency of care. The committee acknowledged that all these engagement strategies have a modest resource impact. However they expressed the view that ensuring that people with PTSD feel and are able to access services is likely to lead to more timely management, fewer missed appointments and lower rates of early discontinuation of treatment, which, in turn, are likely to result in better clinical outcomes and to prevent further downstream costs incurred by a delay in service provision or by sub-optimal clinical outcomes due to low engagement with treatment. The recommendation to provide access to peer support groups has some resource implications, as peer support groups are not routinely offered across settings, however they are in fairly widespread use. The recommendation is expected to promote earlier access to support and lead to improved treatment adherence, as some treatment modalities have significant discontinuation rates, which, subsequently, can lead to improved clinical and cost effectiveness of treatment.

## References for included studies

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Bermudez D, Benjamin MT, Porter SE, et al. (2013) A qualitative analysis of beginning mindfulness experiences for women with post-traumatic stress disorder and a history of intimate partner violence. Complementary Therapies in Clinical Practice 19(2), 104-108

**Borman 2013**

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**Dittman & Jensen 2014**

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**Ellison 2012**

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**Ghafoori 2014**

Ghafoori B, Barragan B and Palinkas L (2014) Mental Health Service Use After Trauma Exposure: A Mixed Methods Study. The Journal of nervous and mental disease 202(3), 239-246 [DOI:10.1097/NMD.0000000000000108]

**Hundt 2015**

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**Jindani & Khalsa 2015**

Jindani FA and Khalsa GFS (2015) A yoga intervention program for patients suffering from symptoms of posttraumatic stress disorder: A qualitative descriptive study. Journal of Alternative and Complementary Medicine 21(7), 401-408

**Kaltman 2014**

Kaltman S, Hurtado-de-Mendoza A, Gonzales F and Serrano A (2014) Preferences for Trauma-Related Mental Health Services Among Latina Immigrants From Central America, South America, and Mexico (Vol. 6)

**Kaltman 2016**

Kaltman S, Hurtado de Mendoza A, Serrano A and Gonzales FA (2016) A Mental Health Intervention Strategy for Low-Income, Trauma-Exposed Latina Immigrants in Primary Care: A Preliminary Study. American Journal of Orthopsychiatry 86(3), 345-354

**Kehle-Forbes 2017**

Kehle-Forbes SM, Harwood EM, Spoont MR, et al. (2017) Experiences with VHA care: a qualitative study of U.S. women veterans with self-reported trauma histories. BMC Womens Health 17(1), 38 [DOI:10.1186/s12905-017-0395-x]

**Murray 2016**

Murray H, Merritt C, Grey N (2016) Clients' experiences of returning to the trauma site during PTSD treatment: an exploratory study. Behavioural and cognitive psychotherapy 44(4), 420-30

**Niles 2016**

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**Palmer 2004**

Palmer S, Stalker C, Gadbois S and Harper K (2004) What Works for Survivors of Childhood Abuse: Learning from Participants in an Inpatient Treatment Program. American Journal of Orthopsychiatry 74(2), 112-121

**Possemato 2015**

Possemato K, Acosta MC, Fuentes J, et al. (2015) A Web-Based Self-Management Program for Recent Combat Veterans With PTSD and Substance Misuse: Program Development and Veteran Feedback. Cognitive and Behavioral Practice 22(3), 345-358

**Possemato 2017**

Possemato K, Kuhn E, Johnson EM, et al. (2017) Development and refinement of a clinician intervention to facilitate primary care patient use of the PTSD Coach app. Translational Behavioral Medicine 7(1), 116-126

**Salloum 2015**

Salloum A, Dorsey CS, Swaidan VR, Storch EA (2015) Parents' and children's perception of parent-led Trauma-Focused Cognitive Behavioral Therapy. Child Abuse & Neglect 40, 12-23

**Salloum 2016**

Salloum A, Swaidan VR, Torres AC, et al. (2016) Parents' perception of stepped care and standard care trauma-focused cognitive behavioral therapy for young children. Journal of Child and Family Studies 25(1), 262-274

**Stankovic 2011**

Stankovic L (2011) Transforming trauma: a qualitative feasibility study of integrative restoration (iRest) yoga Nidra on combat-related post-traumatic stress disorder. International journal of yoga therapy (21), 23-37

**Story & Beck 2017**

Story KM and Beck BD (2017) Guided Imagery and Music with female military veterans: An intervention development study. Arts in Psychotherapy 55, 93-102

**Taylor 2013**

Taylor B, Carswell K and Williams AC (2013) The interaction of persistent pain and post-traumatic re-experiencing: A qualitative study in torture survivors. Journal of Pain and Symptom Management 46(4), 546-555

**Tharp 2016**

Tharp AT, Sherman M, Holland K, et al (2016) A qualitative study of male veterans' violence perpetration and treatment preferences. Military medicine 181(8), 735-739

**Valentine 2016**

Valentine SE, Dixon L, Borba CP, et al. (2016) Mental illness stigma and engagement in an implementation trial for Cognitive Processing Therapy at a diverse community health center: A qualitative investigation. International Journal of Culture and Mental Health 9(2), 139-150

**Vincent 2013**

Vincent F, Jenkins H, Larkin M and Clohessy S (2013) Asylum-seekers' experiences of trauma-focused cognitive behaviour therapy for post-traumatic stress disorder: a qualitative study. Behavioural and cognitive psychotherapy 41(5), 579-593

**West 2017**

West J, Liang B and Spinazzola J (2017) Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: A qualitative descriptive analysis. International Journal of Stress Management 24(2), 173-195

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Whealin JM, Jenchura EC, Wong AC and Zulman DM (2016) How Veterans With Post-Traumatic Stress Disorder and Comorbid Health Conditions Utilize eHealth to Manage Their Health Care Needs: A Mixed-Methods Analysis. Journal of medical Internet research 18(10), e280. [Retrieved from http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=27784650]

# Appendices

## Appendix A – Review protocols

**Review protocol for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

| Topic | Principles of care and support for people with PTSD and their families and carers |
|---|---|
| Review question(s) | For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care? |
| Sub-question(s) | Where evidence exists, consideration will be given to the specific needs of:<br>• women who have been exposed to sexual abuse or assault, or domestic violence<br>• lesbian, gay, bisexual, transsexual or transgender people<br>• people from black and minority ethnic groups<br>• people who are homeless or in insecure accommodation<br>• asylum seekers or refugees or other immigrants who are entitled to NHS treatment<br>• people who have been trafficked<br>• people who are socially isolated (and who are not captured by any other subgroup listed)<br>• people with complex PTSD<br>• people with neurodevelopmental disorders (including learning disabilities and autism)<br>• people with coexisting conditions (drug and alcohol misuse, common mental health disorders, eating disorders, personality disorders, acquired brain injury, physical disabilities and sensory impairments)<br>• people who are critically ill or injured (for instance after a vehicle crash) |
| Objectives | To review the views and experiences of health and social care for people with clinically important post-traumatic stress symptoms from the perspective of service users and their families or carers. |
| Outcome | Experience of interventions or services in primary, secondary, tertiary, social care and community settings. |
| Condition or domain being studied | Adults, children and young people with clinically important post-traumatic stress symptoms (as defined by a diagnosis of PTSD according to DSM, ICD or similar criteria, or clinically-significant PTSD symptoms as indicated by baseline scores above threshold on a validated scale). |

| Topic | Principles of care and support for people with PTSD and their families and carers |
|---|---|
| | If some, but not all, of a study's participants are eligible for the review, where possible disaggregated data will be obtained. If this is not possible then the study will be included if at least 80% of its participants are eligible for this review. |
| Exclude | Studies of people with adjustment disorders<br>Studies of people with traumatic grief<br>Studies of people with psychosis as a coexisting condition<br>Studies of people with learning disabilities<br>Studies of women with PTSD during pregnancy or in the first year following childbirth<br>Studies of adults in contact with the criminal justice system (not solely as a result of being a witness or victim) |
| Perspective | Service users, their family or carers |
| Phenomenon of interest | Factors or attributes (at the individual-, practitioner-, commissioner- or service-level) that can enhance or inhibit access to services<br>Factors or attributes (at the individual-, practitioner-, commissioner- or service-level) that can enhance or inhibit uptake of and engagement with intervention and services<br>Actions by services that could improve or diminish the experience of care for example:<br>• Form, frequency, and content of interactions with service users, families or carers<br>• Form, frequency, and content of practical and social support for service users, families or carers<br>• Sharing information with and receiving information from service users, families or carers<br>• Planning of care with service users, families or carers<br>• Experience of specific service developments or models of service delivery, from the perspective of service users, family or carers |
| Comparison | None |
| Study design | Systematic reviews<br>Primary qualitative studies<br><br>Excluded:<br>Commentaries, editorials, vignettes, books, policy and guidance, and non-empirical research |
| Include unpublished data? | Unpublished data will only be included where a full study report is available with sufficient detail to properly assess the risk of bias. Authors of unpublished evidence will be asked for permission to use such data, and will |

| Topic | Principles of care and support for people with PTSD and their families and carers |
|---|---|
| | be informed that summary data from the study and the study's characteristics will be published in the full guideline<br><br>Conference abstracts and dissertations will not be included. |
| Restriction by date? | Publication limit 2000-current |
| Study setting | Primary, secondary, tertiary, social care and community settings.<br><br>Studies from any OECD member country will be included. However, applicability to the UK service setting will be considered during data analysis and synthesis.<br><br>Treatment provided to troops on operational deployment or exercise will not be covered. |
| Evaluation | Experience and views of services. This includes experience/views of:<br>• access to care<br>• engagement with care<br>• care received<br>• practical support received<br>• social support received<br>• care planning and coordination<br>• content and configuration of services<br>• satisfaction with services<br>• awareness, knowledge and use of wider services<br>• a service delivery model change/intervention |
| The review strategy | Reviews<br>If existing systematic reviews are found, the Committee will assess their quality, completeness, and applicability to the NHS and to the scope of the guideline. If the Committee agrees that a systematic review appropriately addresses a review question, a search for studies published since the review will be conducted.<br><br>Data Extraction (selection and coding)<br>Citations from each search will be downloaded into EndNote and duplicates removed. Titles and abstracts of identified studies will be screened by two reviewers for inclusion against criteria, until a good inter-rater |

| Topic | Principles of care and support for people with PTSD and their families and carers |
|---|---|
| | reliability has been observed (percentage agreement =>90% or Kappa statistics, K>0.60). Initially 10% of references will be double-screened. If inter-rater agreement is good then the remaining references will be screened by one reviewer. All primary-level studies included after the first scan of citations will be acquired in full and re-evaluated for eligibility at the time they are being entered into a study database (standardised template created in Microsoft Excel). At least 10% of data extraction will be double-coded. Discrepancies or difficulties with coding will be resolved through discussion between reviewers or the opinion of a third reviewer will be sought.<br><br>Non-English-language papers will be excluded (unless data can be obtained from an existing review).<br><br>Data Synthesis<br>Where appropriate, qualitative data synthesis will be guided by a "best fit" framework synthesis approach (Carroll et al., 2011). The distinguishing characteristic of this type of approach, and the aspect in which it differs from other methods of qualitative synthesis such as meta-ethnography (Campbell et al., 2003) is that it is primarily deductive involving a priori theme identification and framework construction against which data from included studies can be mapped. This review will use the thematic framework identified and developed by the Service User Experience in Adult Mental Health guidance (NICE, 2011; NCCMH, 2012) as a starting point to systematically index and organise all relevant themes and sub-themes within an Excel-based matrix. A secondary thematic analysis will then be used to inductively identify additional themes in cyclical stages (Carroll et al., 2011).<br>CERQual will be used to evaluate confidence in the evidence |
| Notes | Practical and social support (area of scope) is covered qualitatively by this review question |
| Topic | Principles of care and support for people with PTSD and their families and carers |

*DSM – Diagnostic and Statistical Manual of Mental Disorders; ICD – International Classification of Diseases; OECD – The Organisation for Economic Co-operation and Development; NICE – National Institute of Care Excellence; PTSD – Post Traumatic Stress Disorder.*

# Appendix B – Literature search strategies

**Literature search strategy for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

**Clinical evidence**

**Database: Medline**

Last searched on **Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R), Embase, PsycINFO**

Date of last search: 31 January 2017

| # | Searches |
|---|---|
| 1 | *acute stress/ or *behavioural stress/ or *emotional stress/ or *critical incident stress/ or *mental stress/ or *posttraumatic stress disorder/ or *psychotrauma/ |
| # | Searches |
| 1 | *acute stress/ or *behavioural stress/ or *emotional stress/ or *critical incident stress/ or *mental stress/ or *posttraumatic stress disorder/ or *psychotrauma/ |
| 2 | 1 use emez |
| 3 | stress disorders, traumatic/ or combat disorders/ or psychological trauma/ or stress disorders, post-traumatic/ or stress disorders, traumatic, acute/ or stress, psychological/ |
| 4 | 3 use mesz |
| 5 | exp posttraumatic stress disorder/ or acute stress disorder/ or combat experience/ or "debriefing (psychological)"/ or emotional trauma/ or post-traumatic stress/ or traumatic neurosis/ or trauma/ or stress reactions/ or psychological stress/ or chronic stress/ |
| 6 | 5 use psyh |
| 7 | (railway spine or (rape adj2 trauma*) or reexperienc* or re experienc* or torture syndrome or traumatic neuros* or traumatic stress).ti,ab. |
| 8 | (trauma* and (avoidance or grief or horror or death* or nightmare* or night mare* or emotion*)).ti,ab. |
| 9 | (posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration camp syndrome or extreme stress or flashback* or flash back* or hypervigilan* or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or psychotrauma*)).ti,ab. |
| 10 | or/2,4,6-9 |
| 11 | *health care access/ or *health care utilization/ or *health disparity/ or (*health promotion/ and (access* or barrier* or disparit* or equity or inequit* or inequalit*).ti,ab.) |
| 12 | 11 use emez |
| 13 | health services accessibility/ or (ut.fs. and (care or health care or healthcare or service*).hw.) or healthcare disparities/ or "health services needs and demand"/ or health status disparities/ or (exp health promotion/ and (access* or barrier* or disparit* or equity or inequit* or inequalit*).ti,ab.) |
| 14 | 13 use mesz |

| # | Searches |
|---|---|
| 15 | treatment barriers/ or health care utilization/ or health disparities/ or (health promotion/ and (access* or barrier* or disparit* or equity or inequit* or inequalit*).ti,ab.) |
| 16 | 15 use psyh |
| 17 | ((access* or barrier* or disparit* or equity or inequit* or inequalit*) adj4 (care or clinical practice or detect* or diagnos* or health* or interven* or medication* or medicine* or program* or psychotherap* or recogni* or referral* or service* or therap* or treat*)).ti,ab. |
| 18 | (((health adj (care or service)) or healthcare) adj2 (need*1 or use*1 or using or utilis* or utiliz*)).ti,ab. |
| 19 | ((barrier* or disparit* or equity or hinder* or hindran* or hurdle* or imped* or improv* or inequit* or inequalit* or obstacle* or obstruct* or prevent* or promot* or reluctan* or restrict* or uptake or utiliz* or utilis* or vulnerable) adj3 access*).ti,ab. |
| 20 | ((access or barrier) adj research*).ti,ab. |
| 21 | ((behavio?r* or helpseek* or help seek* or system*) adj2 barrier*).ti,ab. |
| 22 | health care delivery/ or integrated health care system/ or patient care/ or patient care planning/ or treatment planning/ or ("organization and management"/ and (service* or plan* or care* or healthcare).hw.) |
| 23 | 22 use emez |
| 24 | "continuity of patient care"/ or "delivery of health care"/ or "delivery of health care, integrated"/ or patient care planning/ or patient care team/ |
| 25 | 24 use mesz |
| 26 | "continuum of care"/ or health care delivery/ or integrated services/ or interdisciplinary treatment approach/ or treatment planning/ |
| 27 | 26 use psyh |
| 28 | ((coordinat* or co ordinat*) adj10 (care or healthcare or service*)).ti,ab. |
| 29 | ((care or caring or healthcare or service*) adj3 (continnum or continuity)).ti,ab. |
| 30 | or/12,14,16-21,23,25,27-29 |
| 31 | 10 and 30 |
| 32 | meta analysis/ or "meta analysis (topic)"/ or systematic review/ |
| 33 | 32 use emez |
| 34 | meta analysis.sh,pt. or "meta-analysis as topic"/ or "review literature as topic"/ |
| 35 | 34 use mesz |
| 36 | (literature review or meta analysis).sh,id,md. or systematic review.id,md. |
| 37 | 36 use psyh |
| 38 | (exp bibliographic database/ or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,sh,pt. or systematic*.ti,ab.) |
| 39 | 38 use emez |
| 40 | (exp databases, bibliographic/ or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,sh,pt. or systematic*.ti,ab.) |
| 41 | 40 use mesz |
| 42 | (computer searching.sh,id. or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or |

| # | Searches |
|---|---|
| | scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,pt. or systematic*.ti,ab.) |
| 43 | 42 use psyh |
| 44 | ((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*) adj2 (overview* or review*)).tw. or ((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*).ti. and review*.ti,pt.) or (systematic* adj2 search*).ti,ab. |
| 45 | (metaanal* or meta anal*).ti,ab. |
| 46 | (research adj (review* or integration)).ti,ab. |
| 47 | reference list*.ab. |
| 48 | bibliograph*.ab. |
| 49 | published studies.ab. |
| 50 | relevant journals.ab. |
| 51 | selection criteria.ab. |
| 52 | (data adj (extraction or synthesis)).ab. |
| 53 | (handsearch* or ((hand or manual) adj search*)).ti,ab. |
| 54 | (mantel haenszel or peto or dersimonian or der simonian).ti,ab. |
| 55 | (fixed effect* or random effect*).ti,ab. |
| 56 | ((pool* or combined or combining) adj2 (data or trials or studies or results)).ti,ab. |
| 57 | or/33,35,37,39,41,43-56 |
| 58 | cluster analysis/ or content analysis/ or cultural anthropology/ or discourse analysis/ or ethnography/ or field study/ or grounded theory/ or narrative/ or<br>nursing methodology research/ or observation/ or personal experience/ or phenomenology/ or qualitative research/ or exp recording/ or storytelling/ or tape recorder/ |
| 59 | 58 use emez |
| 60 | anthropology, cultural/ or cluster analysis/ or focus groups/ or grounded theory/ or exp tape recording/ or personal narratives/ or narration/ or nursing methodology research/ or observation/ or qualitative research/ or sampling studies/ or cluster analysis/ or videodisc recording/ |
| 61 | 60 use mesz |
| 62 | "culture (anthropological)"/ or cluster analysis/ or content analysis/ or discourse analysis/ or ethnography/ or "experiences (events)"/ or grounded theory/ or life experiences/ or narratives/ or observation methods/ or phenomenology/ or qualitative research/ or exp tape recorders/ or storytelling/ or (field study or focus group or qualitative study).md. |
| 63 | 62 use psyh |
| 64 | (action research or audiorecord* or ((audio or tape or video*) adj5 record*) or colaizzi* or (constant adj (comparative or comparison)) or content analy* or critical social* or (data adj1 saturat*) or discourse analys?s or emic or ethical enquiry or ethno* or etic or experiences or fieldnote* or (field adj (note* or record* or stud* or research)) or (focus adj4 (group* or sampl*)) or ((focus* or structured) adj2 interview*) or giorgi* or glaser or (grounded adj (theor* or study or studies or research)) or heidegger* or hermeneutic* or heuristic or human science or husserl* or ((life or lived) adj experience*) or maximum variation or merleau or narrat* or ((participant* or nonparticipant*) adj3 observ*) or ((philosophical or social) adj research*) or (pilot testing and survey) or purpos* sampl* or qualitative* or ricoeur or semiotics or shadowing or snowball or spiegelberg* or stories or story or storytell* or strauss or structured categor* or tape record* or taperecord* or testimon* or (thematic* adj3 analys*) or themes or theoretical sampl* or unstructured categor* or van kaam* or van manen or videorecord* or video record* or videotap* or video tap*).ti,ab. |

| # | Searches |
|---|---|
| 65 | (cross case analys* or eppi approach or metaethno* or meta ethno* or metanarrative* or meta narrative* or meta overview or metaoverview or metastud* or meta stud* or metasummar* or meta summar* or qualitative overview* or ((critical interpretative or evidence or meta or mixed methods or multilevel or multi level or narrative or parallel or realist) adj synthes*) or metasynthes*).mp. or (qualitative* and (metaanal* or meta anal* or synthes* or systematic review*)).ti,ab,hw,pt. |
| 66 | health care survey/ or semi structured interview/ or exp questionnaire/ |
| 67 | 66 use emez |
| 68 | health care surveys/ or interviews as topic/ or interview.pt. or exp questionnaires/ |
| 69 | 68 use mesz |
| 70 | interviews/ or consumer surveys/ or questionnaires/ |
| 71 | 70 use psyh |
| 72 | (interview* or questionnaire* or survey*).ti,ab. |
| 73 | or/59,61,63-65,67,69,71-72 |
| 74 | "*attitude to health"/ or consumer/ or consumer attitude/ or *health care quality/ or patient attitude/ or *patient compliance/ or patient participation/ or patient preference/ or patient satisfaction/ |
| 75 | 74 use emez |
| 76 | *attitude to health/ or exp community participation/ or consumer behavior/ or "patient acceptance of health care"/ or exp patient compliance/ or exp patient satisfaction/ or "quality of health care"/ |
| 77 | 76 use mesz |
| 78 | exp client attitudes/ or client satisfaction/ or health attitudes/ or exp consumer attitudes/ or "quality of care"/ or treatment compliance/ |
| 79 | 78 use psyh |
| 80 | ((adult* or attender* or brother* or client* or consumer* or customer* or famil* or father* or individual* or inpatient* or maternal* or mother* or patient* or people* or person* or sister* or spous* or women or user*) adj3 (account* or anxieties or atisfact* or attitude* or barriers or belief* or buyin or buy in*1 or choice* or co?operat* or co operat* or expectation* or experienc* or feedback or feeling* or idea* or inform* or involv* or opinion* or participat* or perceive* or (perception* not speech perception) or perspective* or preferen* or prepar* or priorit* or satisf* or view* or voices or worry)).ti,ab. |
| 81 | ((consumer or patient) adj2 (focus* or centered or centred)).ti,ab. |
| 82 | or/75,77,79-81 |
| 83 | or/57,73,82 |
| 84 | 31 and 83 |

Database: **CDSR, DARE, HTA, CENTRAL**

Date of last search: 31 January 2017

| # | Searches |
|---|---|
| #1 | MeSH descriptor: Stress Disorders, Traumatic this term only |
| #2 | MeSH descriptor: Combat Disorders this term only |
| #3 | MeSH descriptor: Psychological Trauma this term only |
| #4 | MeSH descriptor: Stress Disorders, Post-Traumatic this term only |
| #5 | MeSH descriptor: Stress Disorders, Traumatic, Acute this term only |

| # | Searches |
|---|---|
| #6 | MeSH descriptor: Stress, Psychological this term only |
| #7 | ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ti (Word variations have been searched) |
| #8 | ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ab (Word variations have been searched) |
| #9 | (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ti (Word variations have been searched) |
| #10 | (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ab (Word variations have been searched) |
| #11 | (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ti (Word variations have been searched) |
| #12 | (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ab (Word variations have been searched) |
| #13 | #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 |

Database: **CINAHL PLUS**

Date of last search: 31 January 2017

| # | searches |
|---|---|
| s50 | s6 and s49 |
| s49 | s40 or s48 |
| s48 | s41 or s42 or s43 or s44 or s45 or s46 or s47 |
| s47 | ti ( ((consumer or patient) n/2 (focus* or centered or centred)) ) or ab ( ((consumer or patient) n2 (focus* or centered or centred)) ) |
| s46 | ti ( ((adult* or attender* or brother* or client* or consumer* or customer* or famil* or father* or individual* or inpatient* or maternal* or mother* or patient* or people* or person* or sister* or spous* or women or user*) n3 (account* or anxieties or atisfact* or attitude* or barriers or belief* or buyin or "buy in*" or choice* or "co operativ*" or cooperat* or co operat* or expectation* or experienc* or feedback or feeling* or idea* or inform* or involv* or opinion* or participat* or perceive* or perception* or perspective* or preferen* or prepar* or priorit* or satisf* or view* or voices or worry)) ) or ab ( ((adult* or attender* or brother* or client* or consumer* or customer* or famil* or father* or individual* or inpatient* or maternal* or mother* or patient* or people* or person* or sister* or spous* or women or user*) n3 (account* or anxieties or atisfact* or attitude* or barriers or belief* or buyin or "buy in*" or choice* or "co operativ*" or cooperat* or co operat* or expectation* or experienc* or feedback or feeling* or idea* or inform* or involv* or opinion* or participat* or perceive* or perception* or perspective* or preferen* or prepar* or priorit* or satisf* or view* or voices or worry)) ) |
| s45 | (mh "quality of health care") or (mh "patient satisfaction") or (mh "patient compliance") or (mh "participant observation") or (mh "attitude to health") or ti ( (interview* or questionnaire* or |

| # | searches |
|---|---|
| | survey*) ) or ab ( (interview* or questionnaire* or survey*) ) or pt interview or (mh "questionnaires") or interviews as topics or (mh "surveys") |
| s44 | (qualitative* and (metaanal* or "meta anal*" or synthes* or systematic review*)) |
| s43 | ("cross case analys*" or "eppi approach" or metaethno* or "meta ethno*" or metanarrative* or "meta narrative*" or "meta overview" or metaoverview or metastud* or "meta stud*" or metasummar* or "meta summar*" or "qualitative overview*" or (("critical interpretative" or evidence or meta or mixed methods or multilevel or "multi level" or narrative or parallel or realist) n1 synthes*) or metasynthes*) |
| s42 | ti ( ("action research" or audiorecord* or ((audio or tape or video*) n5 record*) or colaizzi* or (constant n1 (comparative or comparison)) or "content analy*" or "critical social*" or (data n1 saturat*) or "discourse analysis" or emic or "ethical enquiry" or ethno* or etic or experiences or fieldnote* or (field n1 (note* or record* or stud* or research)) or (focus n4 (group* or sampl*)) or ((focus* or structured) n2 interview*) or giorgi* or glaser or (grounded n1 (theor* or study or studies or research)) or heidegger* or hermeneutic* or heuristic or "human science" or husserl* or ((life or lived) n1 experience*) or "maximum variation" or merleau or narrat* or ((participant* or nonparticipant*) n3 observ*) or ((philosophical or social) n1 research*) or ("pilot testing" and survey) or "purpos* sampl*" or qualitative* or ricoeur or semiotics or shadowing or snowball or spiegelberg* or stories or story or storytell* or strauss or "structured categor*" or "tape record*" or taperecord* or testimon* or (thematic* n3 analys*) or themes or "theoretical sampl*" or "unstructured categor*" or "van kaam*" or "van manen" or videorecord* or "video record*" or videotap* or "video tap*") ) or ab ( ("action research" or audiorecord* or ((audio or tape or video*) n5 record*) or colaizzi* or (constant n1 (comparative or comparison)) or "content analy*" or "critical social*" or (data n1 saturat*) or "discourse analysis" or emic or "ethical enquiry" or ethno* or etic or experiences or fieldnote* or (field n1 (note* or record* or stud* or research)) or (focus n4 (group* or sampl*)) or ((focus* or structured) n2 interview*) or giorgi* or glaser or (grounded n1 (theor* or study or studies or research)) or heidegger* or hermeneutic* or heuristic or "human science" or husserl* or ((life or lived) n1 experience*) or "maximum variation" or merleau or narrat* or ((participant* or nonparticipant*) n3 observ*) or ((philosophical or social) n1 research*) or ("pilot testing" and survey) or "purpos* sampl*" or qualitative* or ricoeur or semiotics or shadowing or snowball or spiegelberg* or stories or story or storytell* or strauss or "structured categor*" or "tape record*" or taperecord* or testimon* or (thematic* n3 analys*) or themes or "theoretical sampl*" or "unstructured categor*" or "van kaam*" or "van manen" or videorecord* or "video record*" or videotap* or "video tap*") ) |
| s41 | (mh "cluster analysis") or (mh "qualitative studies") or (mh "narratives") or (mh "videorecording") or (mh "audiorecording") or (mh "grounded theory") or (mh "focus groups") or (mh "cluster analysis") or (mh "anthropology, cultural") |
| s40 | s7 or s8 or s9 or s10 or s11 or s12 or s13 or s14 or s15 or s16 or s17 or s18 or s19 or s20 or s21 or s22 or s23 or s29 or s30 or s31 or s34 or s35 or s36 or s37 or s38 or s39 |
| s39 | ti ( analy* n5 review* or evidence* n5 review* or methodol* n5 review* or quantativ* n5 review* or systematic* n5 review* ) or ab ( analy* n5 review* or assessment* n5 review* or evidence* n5 review* or methodol* n5 review* or qualitativ* n5 review* or quantativ* n5 review* or systematic* n5 review* ) |
| s38 | ti ( pool* n2 results or combined n2 results or combining n2 results ) or ab ( pool* n2 results or combined n2 results or combining n2 results ) |
| s37 | ti ( pool* n2 studies or combined n2 studies or combining n2 studies ) or ab ( pool* n2 studies or combined n2 studies or combining n2 studies ) |
| s36 | ti ( pool* n2 trials or combined n2 trials or combining n2 trials ) or ab ( pool* n2 trials or combined n2 trials or combining n2 trials ) |

| # | searches |
|---|---|
| s35 | ti ( pool* n2 data or combined n2 data or combining n2 data ) or ab ( pool* n2 data or combined n2 data or combining n2 data ) |
| s34 | s32 and s33 |
| s33 | ti review* or pt review* |
| s32 | ti analy* or assessment* or evidence* or methodol* or quantativ* or qualitativ* or systematic* |
| s31 | ti “systematic* n5 search*” or ab “systematic* n5 search*” |
| s30 | ti “systematic* n5 review*” or ab “systematic* n5 review*” |
| s29 | (s24 or s25 or s26) and (s27 or s28) |
| s28 | ti systematic* or ab systematic* |
| s27 | tx review* or mw review* or pt review* |
| s26 | (mh "cochrane library") |
| s25 | ti ( bids or cochrane or embase or “index medicus” or “isi citation” or medline or psyclit or psychlit or scisearch or “science citation” or web n2 science ) or ab ( bids or cochrane or “index medicus” or “isi citation” or psyclit or psychlit or scisearch or “science citation” or web n2 science ) |
| s24 | ti ( “electronic database*” or “bibliographic database*” or “computeri?ed database*” or “online database*” ) or ab ( “electronic database*” or “bibliographic database*” or “computeri?ed database*” or “online database*” ) |
| s23 | (mh "literature review") |
| s22 | pt systematic* or pt meta* |
| s21 | ti ( “fixed effect*” or “random effect*” ) or ab ( “fixed effect*” or “random effect*” ) |
| s20 | ti ( “mantel haenszel” or peto or dersimonian or “der simonian” ) or ab ( “mantel haenszel” or peto or dersimonian or “der simonian” ) |
| s19 | ti ( handsearch* or "hand search*" or "manual search*" ) or ab ( handsearch* or "hand search*" or "manual search*" ) |
| s18 | ab "data extraction" or "data synthesis" |
| s17 | ab "selection criteria" |
| s16 | ab "relevant journals" |
| s15 | ab "published studies" |
| s14 | ab bibliograph* |
| s13 | ti "reference list*" |
| s12 | ab "reference list*" |
| s11 | ti ( “research review*” or “research integration” ) or ab ( “research review*” or “research integration” ) |
| s10 | ti ( metaanal* or “meta anal*” or metasynthes* or “meta synethes*” ) or ab ( metaanal* or “meta anal*” or metasynthes* or “meta synethes*” ) |
| s9 | (mh "meta analysis") |
| s8 | (mh "systematic review") |
| s7 | (mh "literature searching+") |
| s6 | s1 or s2 or s3 or s4 or s5 |
| s5 | ti ( (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")) ) or ab ( (posttraumatic* or "post traumatic*" or "stress |

| # | searches |
|---|---|
| | disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")) ) |
| s4 | ti ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) ) or ab ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) ) |
| s3 | ti ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress") ) or ab ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress") ) |
| s2 | (mh "stress, psychological") |
| s1 | (mh "stress disorders, post-traumatic") |

**Health economic evidence**

Note: evidence resulting from the health economic search update was screened to reflect the final dates of the searches that were undertaken for the clinical reviews (see review protocols

**Database: Medline**

Last searched on **Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R), Embase, PsycINFO**

Date of last search: 1 March 2018

| # | Searches |
|---|---|
| 1 | *acute stress/ or *behavioural stress/ or *emotional stress/ or *critical incident stress/ or *mental stress/ or *posttraumatic stress disorder/ or *psychotrauma/ |
| 1 | *acute stress/ or *behavioural stress/ or *emotional stress/ or *critical incident stress/ or *mental stress/ or *posttraumatic stress disorder/ or *psychotrauma/ |
| 2 | 1 use emez |
| 3 | stress disorders, traumatic/ or combat disorders/ or psychological trauma/ or stress disorders, post-traumatic/ or stress disorders, traumatic, acute/ or stress, psychological/ |
| 4 | 3 use mesz, prem |
| 5 | exp posttraumatic stress disorder/ or acute stress disorder/ or combat experience/ or "debriefing (psychological)"/ or emotional trauma/ or post-traumatic stress/ or traumatic neurosis/ or "trauma"/ or stress reactions/ or psychological stress/ or chronic stress/ |
| 6 | 5 use psyh |
| 7 | (railway spine or (rape adj2 trauma*) or reexperienc* or re experienc* or torture syndrome or traumatic neuros* or traumatic stress).ti,ab. |
| 8 | (trauma* and (avoidance or grief or horror or death* or nightmare* or night mare* or emotion*)).ti,ab. |
| 9 | (posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration camp syndrome or extreme stress or flashback* or flash back* or hypervigilan* or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or psychotrauma*)).ti,ab. |
| 10 | or/2,4,6-9 |
| 11 | budget/ or exp economic evaluation/ or exp fee/ or funding/ or exp health care cost/ or health economics/ or exp pharmacoeconomics/ or resource allocation/ |

| # | Searches |
|---|---|
| 12 | 151 use emez |
| 13 | exp budgets/ or exp "costs and cost analysis"/ or economics/ or exp economics, hospital/ or exp economics, medical/ or economics, nursing/ or economics, pharmaceutical/ or exp "fees and charges"/ or value of life/ |
| 14 | 153 use mesz, prem |
| 15 | exp "costs and cost analysis"/ or cost containment/ or economics/ or finance/ or funding/ or "health care economics"/ or pharmacoeconomics/ or exp professional fees/ or resource allocation/ |
| 16 | 155 use psyh |
| 17 | (cost* or economic* or pharmacoeconomic* or pharmaco economic*).ti. or (cost* adj2 (effective* or utilit* or benefit* or minimi*)).ab. or (budget* or fee or fees or financ* or price or prices or pricing or resource* allocat* or (value adj2 (monetary or money))).ti,ab. |
| 18 | or/12,14,16-17 |
| 19 | decision theory/ or decision tree/ or monte carlo method/ or nonbiological model/ or (statistical model/ and exp economic aspect/) or stochastic model/ or theoretical model/ |
| 20 | 159 use emez |
| 21 | exp decision theory/ or markov chains/ or exp models, economic/ or models, organizational/ or models, theoretical/ or monte carlo method/ |
| 22 | 161 use mesz, prem |
| 23 | exp decision theory/ or exp stochastic modeling/ |
| 24 | 163 use psyh |
| 25 | ((decision adj (analy* or model* or tree*)) or economic model* or markov).ti,ab. |
| 26 | or/20,22,24-25 |
| 27 | quality adjusted life year/ or "quality of life index"/ or short form 12/ or short form 20/ or short form 36/ or short form 8/ or sickness impact profile/ |
| 28 | 167 use emez |
| 29 | quality-adjusted life years/ or sickness impact profile/ |
| 30 | 169 use mesz, prem |
| 31 | (((disability or quality) adj adjusted) or (adjusted adj2 life)).ti,ab. |
| 32 | (disutili* or dis utili* or (utilit* adj1 (health or score* or value* or weigh*))).ti,ab. |
| 33 | (health year equivalent* or hye or hyes).ti,ab. |
| 34 | (daly or qal or qald or qale or qaly or qtime* or qwb*).ti,ab. |
| 35 | discrete choice.ti,ab. |
| 36 | (euroqol* or euro qol* or eq5d* or eq 5d*).ti,ab. |
| 37 | (hui or hui1 or hui2 or hui3).ti,ab. |
| 38 | (((general or quality) adj2 (wellbeing or well being)) or quality adjusted life or qwb or (value adj2 (money or monetary))).ti,ab. |
| 39 | (qol or hql* or hqol* or hrqol or hr ql or hrql).ti,ab. |
| 40 | rosser.ti,ab. |
| 41 | sickness impact profile.ti,ab. |
| 42 | (standard gamble or time trade* or tto or willingness to pay or wtp).ti,ab. |
| 43 | (sf36 or sf 36 or short form 36 or shortform 36 or shortform36).ti,ab. |
| 44 | (sf6 or sf 6 or short form 6 or shortform 6 or shortform6).ti,ab. |
| 45 | (sf12 or sf 12 or short form 12 or shortform 12 or shortform12).ti,ab. |

| # | Searches |
|---|---|
| 46 | (sf16 or sf 16 or short form 16 or shortform 16 or shortform16).ti,ab. |
| 47 | (sf20 or sf 20 or short form 20 or shortform 20 or shortform20).ti,ab. |
| 48 | (sf8 or sf 8 or short form 8 or shortform 8 or shortform8).ti,ab. |
| 49 | or/28,30-48 |
| 50 | or/18,26,49 |

Database: **HTA, NHS EED**

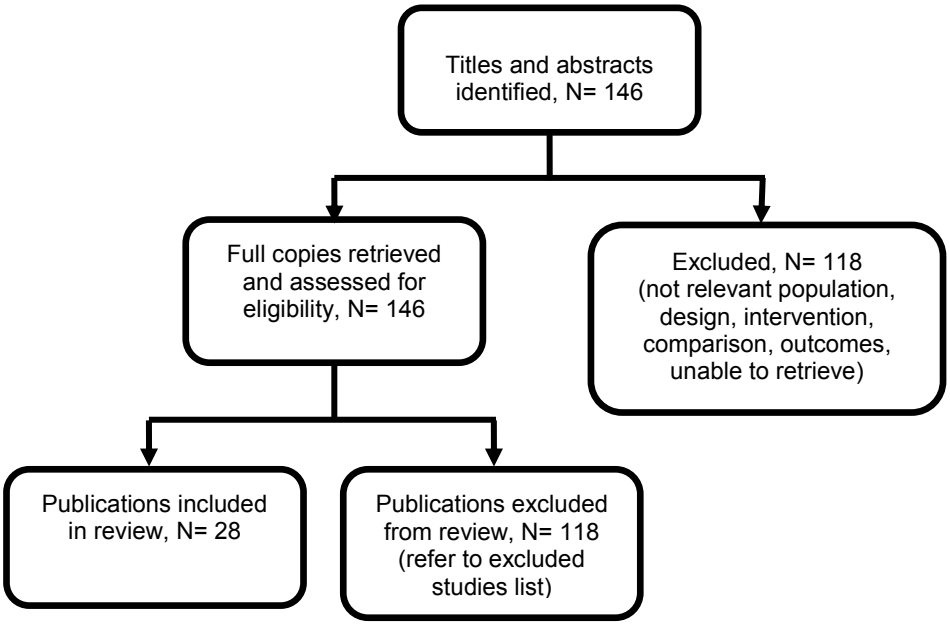
Date of last search: 1 March 2018

| # | Searches |
|---|---|
| #1 | MeSH descriptor: Stress Disorders, Traumatic this term only |
| #2 | MeSH descriptor: Combat Disorders this term only |
| #3 | MeSH descriptor: Psychological Trauma this term only |
| #4 | MeSH descriptor: Stress Disorders, Post-Traumatic this term only |
| #5 | MeSH descriptor: Stress Disorders, Traumatic, Acute this term only |
| #6 | MeSH descriptor: Stress, Psychological this term only |
| #7 | ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ti (Word variations have been searched) |
| #8 | ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ab (Word variations have been searched) |
| #9 | (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ti (Word variations have been searched) |
| #10 | (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ab (Word variations have been searched) |
| #11 | (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ti (Word variations have been searched) |
| #12 | (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ab (Word variations have been searched) |
| #13 | #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 |

# Appendix C – Clinical evidence study selection

**Clinical evidence study selection for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

**Figure 1: Flow diagram of clinical article selection for review on "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**



# Appendix D – Clinical evidence tables

**Clinical evidence table for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

See summary clinical evidence profiles for details on included studies.

# Appendix E – Forest plots

**Forest plots for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

As the information that has been uncovered is all qualitative, forest plots are not applicable to this review.

# Appendix F – GRADE CERQual tables

**GRADE CERQual tables for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

As the information that has been uncovered is all qualitative, all relevant information can be found in the summary clinical evidence profiles.

# Appendix G – Economic evidence study selection

**Economic evidence study selection for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

A global health economics search was undertaken for all areas covered in the guideline. The flow diagram of economic article selection across all reviews is provided in Appendix A of Supplement 1 – Methods Chapter'.

# Appendix H – Economic evidence tables

**Economic evidence tables for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

No health economic evidence was identified for this review.

# Appendix I – Health economic evidence profiles

**Health economic evidence profiles for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

No health economic evidence was identified for this review and no economic modelling was undertaken.

# Appendix J – Health economic analysis

**Health economic analysis for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

No health economic analysis was conducted for this review.

# Appendix K – Excluded studies

**Excluded studies for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

## Clinical studies

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Abrahams 2017 | Population outside scope: Studies of people without PTSD | Abrahams, N. and A. Gevers (2017). "A rapid appraisal of the status of mental health support in post-rape care services in the western cape." South African Journal of Psychiatry 23 (1) (no pagination)(a959). |
| Adshead 2000 | Non-systematic review | Adshead, G. (2000). "Psychological therapies for post-traumatic stress disorder." British Journal of Psychiatry 177(AUG.): 144-148. |
| Aitken 2004 | Population outside scope: Studies of people without PTSD | Aitken, M. E., et al. (2004). "Recovery of injured children: parent perspectives on family needs." Archives of Physical Medicine and Rehabilitation 85(4): 567-573. |
| Ajdukovic 2013 | Setting: Non-OECD-country | Ajdukovic, D., et al. (2013). "Recovery from posttraumatic stress symptoms: a qualitative study of attributions in survivors of war." PLoS ONE [Electronic Resource] 8(8): e70579. |
| Alderman 2009 | Study design: Quantitative | Alderman, C. P. and A. L. Gilbert (2009). "A qualitative investigation of long-term zopiclone use and sleep quality among Vietnam War veterans with PTSD." Annals of Pharmacotherapy 43(10): 1576-1582. |
| Alyan 2015 | Study design: Dissertation | Alyan, H. N. (2015). "Experiences of Arab immigrant and Arab-American survivors of sexual violence: An exploratory study." Dissertation Abstracts International: Section B: The Sciences and Engineering 76(5-B(E)): No Pagination Specified. |
| Angelo 2008 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Angelo, F. N., et al. (2008). ""I Need to Talk About It": A Qualitative Analysis of Trauma-Exposed Women's Reasons for Treatment Choice." Behavior Therapy 39(1): 13-21. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Anketell 2011 | Population outside scope: Studies of people with psychosis as a coexisting condition | Anketell, C., et al. (2011). "A preliminary qualitative investigation of voice hearing and its association with dissociation in chronic PTSD." Journal of Trauma and Dissociation 12(1): 88-101 |
| Arnault 2016 | Population outside scope: Studies of people without PTSD | Arnault, D. S. and S. O'Halloran (2016). "Using mixed methods to understand the healing trajectory for rural Irish women years after leaving abuse." Journal of Research in Nursing 21(5-6): 369-383. |
| Arroyo 2017 | Study design: Quantitative | Arroyo, K., et al. (2017). "Short-term interventions for survivors of intimate partner violence: A systematic review and meta-analysis." Trauma, Violence, & Abuse 18(2): 155-171. |
| Austern 2017 | Study design: Dissertation | Austern, D. J. (2017). "Written exposure therapy as step one in reducing the burden of PTSD: The composite cases of "Alex," "Bruno," and "Charles"." Pragmatic Case Studies in Psychotherapy 13(2): 82-141. |
| Ayers 2006 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Ayers, S., et al. (2006). "The effects of childbirth-related post-traumatic stress disorder on women and their relationships: A qualitative study." Psychology, Health and Medicine 11(4): 389-398. |
| Bacchus 2003 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Bacchus, L., et al. (2003). "Experiences of seeking help from health professionals in a sample of women who experienced domestic violence." Health and Social Care in the Community 11(1): 10-18. |
| Batool 2016 | Population outside scope: Studies of people without PTSD | Batool, S. S. and H. Azam (2016). "Miscarriage: Emotional burden and social suffering for women in Pakistan." Death studies 40(10): 638-647. |
| Beck 2015 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Beck, C. T., et al. (2015). "A Mixed-Methods Study of Secondary Traumatic Stress in Certified Nurse-Midwives: Shaken Belief in the Birth Process." Journal of Midwifery and Women's Health 60(1): 16-23. |
| Berzoff 2013 | Study design: Non-empirical research | Berzoff, J. (2013). "Group therapy with homeless women." Smith College Studies in Social Work 83(2-3): 233-248. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Bills 2008 | Study design: Quantitative | Bills, C. B., et al. (2008). "Mental health of workers and volunteers responding to events of 9/11: Review of the literature." Mount Sinai Journal of Medicine 75(2): 115-127. |
| Bishop 2012 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Bishop, T. M., et al. (2012). "Moving forward: Update on the development of a web-based cognitive behavioral treatment for OEF/OIF veterans with PTSD symptoms and substance misuse." Alcoholism: Clinical and Experimental Research 36: 347A. |
| Borah 2013 | Population outside scope: Studies of soldiers on active service | Borah, E. V., et al. (2013). "Implementation outcomes of military provider training in cognitive processing therapy and prolonged exposure therapy for post-traumatic stress disorder." Military medicine 178(9): 939-944. |
| Brewerton 2007 | Non-systematic review | Brewerton, T. D. (2007). "Eating disorders, trauma, and comorbidity: Focus on PTSD." Eating Disorders 15(4): 285-304. |
| Buchanan 2011 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Buchanan, C., et al. (2011). "Awareness of posttraumatic stress disorder in veterans: a female spouse/intimate partner perspective." Military medicine 176(7): 743-751. |
| Bujarski 2016 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Bujarski, S. J., et al. (2016). "Cannabis Use Disorder Treatment Barriers and Facilitators among Veterans with PTSD." Psychology of Addictive Behaviors 30(1): 73-81. |
| Chung 2012 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Chung, J. Y., et al. (2012). "A qualitative evaluation of barriers to care for trauma-related mental health problems among low-income minorities in primary care." Journal of Nervous and Mental Disease 200(5): 438-443. |
| Cohen 2010 | Non-systematic review | Cohen, J. A., et al. (2010). "Practice Parameter for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder." Journal of the American Academy of Child and Adolescent Psychiatry 49(4): 414-430. |
| Cook 2013 | Population outside scope: Studies of experience from perspective of | Cook, J. M., et al. (2013). "A formative evaluation of two evidence-based psychotherapies for PTSD in VA residential treatment programs." Journal of traumatic stress 26(1): 56-63. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| | health/social care professional/practitioner | |
| Cook 2017 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Cook, J. M., et al. (2017). "The influence of patient readiness on implementation of evidence-based PTSD treatments in Veterans Affairs residential programs." Psychological Trauma: Theory, Research, Practice, and Policy 9(Suppl 1): 51-58. |
| Cox 2007 | Population outside scope: Studies of people without PTSD | Cox, J., et al. (2007). "Effectiveness of a trauma/grief-focused group intervention: A qualitative study with war-exposed Bosnian adolescents." International Journal of Group Psychotherapy 57(3): 319-345. |
| De Kleine 2013 | Study design: Quantitative | de Kleine, R. A., et al. (2013). "Pharmacological enhancement of exposure-based treatment in PTSD: A qualitative review." European Journal of Psychotraumatology Vol 4 2013, ArtID 21626 4. |
| DeVoe 2006 | Study design: Quantitative | DeVoe, E. R., et al. (2006). "Post-9/11 helpseeking by New York City parents on behalf of highly exposed young children." American Journal of Orthopsychiatry 76(2): 167-175. |
| Dickerson 2002 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Dickerson, S. S., et al. (2002). "Nursing at ground zero: experiences during and after September 11 World Trade Center attack." The Journal of the New York State Nurses' Association 33(1): 26-32. |
| Dillahunt-Aspillaga 2015 | Study design: Conference abstract | Dillahunt-Aspillaga, C., et al. (2015). "Health-related quality of life and employment concerns among veterans with PTSD: A qualitative exploration." Archives of Physical Medicine and Rehabilitation 96 (10): e47-e48. |
| Dondanville 2016 | Study design: Quantitative | Dondanville, K. A., et al. (2016). "Qualitative examination of cognitive change during PTSD treatment for active duty service members." Behaviour Research and Therapy 79: 1-6. |
| Donisch 2016 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Donisch, K., et al. (2016). "Child welfare, juvenile justice, mental health, and education providers' conceptualizations of trauma-informed practice." Child Maltreatment 21(2): 125-134. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Elhai 2005 | Non-systematic review | Elhai, J. D., et al. (2005). "Health service use predictors among trauma survivors: A critical review." Psychological Services 2(1): 3-19. |
| Elsass 2001 | Setting: Non-OECD-country | Elsass, P. (2001). "Individual and collective traumatic memories: A qualitative study of post-traumatic stress disorder symptoms in two Latin American localities." Transcultural Psychiatry 38(3): 306-316. |
| Fearday 2004 | Non-systematic review | Fearday, F. L. and A. L. Cape (2004). "A Voice for traumatized women: Inclusion and mutual support." Psychiatric rehabilitation journal 27(3): 258-265. |
| Feczer 2009 | Study design: Case study | Feczer, D. and P. Bjorklund (2009). "Forever changed: Posttraumatic stress disorder in female military veterans, a case report." Perspectives in Psychiatric Care 45(4): 278-291. |
| Fenech 2015 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Fenech, G. and G. Thomson (2015). "Defence against trauma: women's use of defence mechanisms following childbirth-related trauma." Journal of Reproductive and Infant Psychology 33(3): 268-281. |
| Forneris 2013 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Forneris, C. A., et al. (2013). "Interventions to prevent post-traumatic stress disorder: A systematic review." American Journal of Preventive Medicine 44(6): 635-650. |
| Fortuna 2009 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Fortuna, L. R., et al. (2009). "A qualitative study of clinicians' use of the cultural formulation model in assessing posttraumatic stress disorder." Transcultural Psychiatry 46(3): 429-450. |
| Franco 2007 | Non-systematic review | Franco, M. (2007). "Posttraumatic stress disorder and older women." Journal of Women and Aging 19(1-2): 103-117. |
| Fu 2007 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Fu, S. S., et al. (2007). "Post-traumatic stress disorder and smoking: A systematic review." Nicotine and Tobacco Research 9(11): 1071-1084. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Fulton 2015 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Fulton, J. J., et al. (2015). "The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A meta-analysis." Journal of Anxiety Disorders 31: 98-107. |
| Furuta 2012 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Furuta, M., et al. (2012). "A systematic review of the relationship between severe maternal morbidity and post-traumatic stress disorder." BMC Pregnancy and Childbirth 12 (no pagination)(125). |
| Gadagbui 2003 | Study design: Case study | Gadagbui, G. Y. (2003). "Traumatic life experience: Case studies." IFE Psychologia: An International Journal 11(1): 100-116. |
| Greene 2016 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Greene, T., et al. (2016). "Prevalence, Detection and Correlates of PTSD in the Primary Care Setting: A Systematic Review." Journal of Clinical Psychology in Medical Settings 23(2): 160-180. |
| Haun 2016 | Study design: Not a first-hand account of experience | Haun, J. N., et al. (2016). "Qualitative inquiry explores health-related quality of life of female veterans with post-traumatic stress disorder." Military medicine 181(11): e1470-e1475. |
| Howgego 2005 | Study design: Quantitative | Howgego, I. M., et al. (2005). "Posttraumatic stress disorder: an exploratory study examining rates of trauma and PTSD and its effect on client outcomes in community mental health." BMC Psychiatry 5 (no pagination)(21). |
| Johnson 2011 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Johnson, K. and J. M. Luna (2011). "Working toward resilience: a retrospective report of actions taken in support of a New York school crisis team following 9/11." International Journal of Emergency Mental Health 13(2): 81-90. |
| Kaier 2014 | Study design: Quantitative study | Kaier, E., et al. (2014). "Associations between PTSD and healthcare utilization among OEF/OIF veterans with hazardous alcohol use." Traumatology 20(3): 142-149. |
| Kaltman 2014 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Kaltman, S., et al. (2014). "Preferences for trauma-related mental health services among Latina immigrants from Central America, South America, and Mexico." Psychological Trauma: Theory, Research, Practice, and Policy 6(1): 83-91. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Kaltman 2014 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Kaltman, S., et al. (2014). "Preferences for trauma-related mental health services among Latina immigrants from Central America, South America, and Mexico." Psychological Trauma: Theory, Research, Practice, and Policy 6(1): 83-91. |
| Kane 2016 | Setting: Non-OECD-country | Kane, J. C., et al. (2016). "Challenges for the implementation of World Health Organization guidelines for acute stress, PTSD, and bereavement: a qualitative study in Uganda." Implementation science : IS 11: 36. |
| Kantor 2017 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Kantor, V., et al. (2017). "Perceived barriers and facilitators of mental health service utilization in adult trauma survivors: A systematic review." Clinical Psychology Review 52: 52-68. |
| Kar 2011 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Kar, N. (2011). "Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: A review." Neuropsychiatric Disease and Treatment 7(1): 167-181. |
| Karraa 2011 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Karraa, W., et al. (2011). "Post traumatic stress disorder secondary to childbirth: Birth doulas, prevention, and potential partnerships." Archives of Women's Mental Health 14: S70-S71. |
| Lobb 2014 | Population outside scope: Studies of people with traumatic grief | Lobb, E. A., et al. (2014). "Signs of post-traumatic stress disorder in caregivers following an expected death: A qualitative study." Palliative Medicine 28 (6): 736-737. |
| Lu 2017 | Population outside scope: Studies of people with psychosis as a coexisting condition | Lu, W., et al. (2017). "Posttraumatic reactions to psychosis: A qualitative analysis." Frontiers in Psychiatry 8 (JUL) (no pagination)(129). |
| Manguno-Mire 2007 | Study design: Quantitative | Manguno-Mire, G., et al. (2007). "Psychological distress and burden among female partners of combat veterans with PTSD." Journal of Nervous and Mental Disease 195(2): 144-151. |
| Michalopoulos 2017 | Setting: Non-OECD-country | Michalopoulos, L. T., et al. (2017). ""Life at the River is a Living Hell:" a qualitative study of trauma, mental health, substance use and HIV risk behavior among female fish traders from the Kafue Flatlands in Zambia." BMC Women's Health 17(1): 15. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Middleton 2012 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Middleton, K. and C. D. Craig (2012). "A systematic literature review of PTSD among female veterans from 1990 to 2010." Social Work in Mental Health 10(3): 233-252. |
| Murphy 2014 | Population outside scope: Studies of soldiers on active service | Murphy, D., et al. (2014). "Exploring positive pathways to care for members of the UK Armed Forces receiving treatment for PTSD: a qualitative study." European Journal of Psychotraumatology Vol 5 2014, ArtID 21759 5. |
| Murphy 2015 | Non-systematic review | Murphy, D. and W. Busuttil (2015). "PTSD, stigma and barriers to help-seeking within the UK Armed Forces." Journal of the Royal Army Medical Corps 161(4): 322-326. |
| Nicholl 2004 | Non-systematic review | Nicholl, C. and A. Thompson (2004). "The psychological treatment of Post Traumatic Stress Disorder (PTSD) in adult refugees: A review of the current state of psychological therapies." Journal of Mental Health 13(4): 351-362. |
| Nicholls 2007 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Nicholls, K. and S. Ayers (2007). "Childbirth-related post-traumatic stress disorder in couples: A qualitative study." British journal of health psychology 12(4): 491-509. |
| Norris 2001 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Norris, F. H., et al. (2001). "A qualitative analysis of posttraumatic stress among Mexican victims of disaster." Journal of traumatic stress 14(4): 741-756. |
| Ogilvie 2015 | Population outside scope: Studies of people without PTSD | Ogilvie, R., et al. (2015). "Young peoples' experience and self-management in the six months following major injury: A qualitative study." Injury 46(9): 1841-1847. |
| Okey 2000 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Okey, J. L., et al. (2000). "The central relationship patterns of male veterans with posttraumatic stress disorder: A descriptive study." Psychotherapy 37(2): 171-179. |
| Olthuis 2016 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Olthuis, J. V., et al. (2016). "Distance-delivered interventions for PTSD: A systematic review and meta-analysis." Journal of Anxiety Disorders 44: 9-26. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Osei-Bonsu 2014 | Population outside scope: Studies of people without PTSD | Osei-Bonsu, P. E., et al. (2014). "The role of coping in depression treatment utilization for VA primary care patients." Patient Education & Counseling 94(3): 396-402. |
| Otto 2006 | Non-systematic review | Otto, M. W. and D. E. Hinton (2006). "Modifying Exposure-Based CBT for Cambodian Refugees with Posttraumatic Stress Disorder." Cognitive and Behavioral Practice 13(4): 261-270. |
| Palinkas 2004 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Palinkas, L. A., et al. (2004). "The San Diego East County school shootings: a qualitative study of community-level post-traumatic stress." Prehospital and disaster medicine : the official journal of the National Association of EMS Physicians and the World Association for Emergency and Disaster Medicine in association with the Acute Care Foundation 19(1): 113-121. |
| Palmer 2017 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Palmer, E., et al. (2017). "Experience of post-traumatic growth in UK veterans with PTSD: a qualitative study." Journal of the Royal Army Medical Corps 163(3): 171-176. |
| Powell 2016 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Powell, T. M. and T. Bui (2016). "Supporting social and emotional skills after a disaster: Findings from a mixed methods study." School Mental Health 8(1): 106-119. |
| Preez 2008 | Study design: Quantatitive | Perez, S. and D. M. Johnson (2008). "PTSD compromises battered women's future safety." Journal of interpersonal violence 23(5): 635-651. |
| Rahill 2015 | Setting: Non-OECD-country | Rahill, G. J., et al. (2015). "Symptoms of PTSD in a sample of female victims of sexual violence in post-earthquake Haiti." Journal of Affective Disorders 173: 232-238. |
| Rees 2015 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Rees, C. S. and E. Maclaine (2015). "A systematic review of videoconference-delivered psychological treatment for anxiety disorders." Australian Psychologist 50(4): 259-264. |
| Roberts 2008 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Roberts, N. P., et al. (2008). "Multiple session early psychological intervention to prevent and treat post-traumatic stress disorder." Cochrane Database of Systematic Reviews (1) (no pagination)(CD006869). |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Rosenberg 2001 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Rosenberg, S. D., et al. (2001). "Developing effective treatments for posttraumatic disorders among people with severe mental illness." Psychiatric Services 52(11): 1453-1461. |
| Runnals 2014 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Runnals, J. J., et al. (2014). "Systematic review of women veterans' mental health." Womens Health Issues 24(5): 485-502 |
| Ruzek 2009 | Non-systematic review | Ruzek, J. I. and R. C. Rosen (2009). "Disseminating evidence-based treatments for PTSD in organizational settings: A high priority focus area." Behaviour Research and Therapy 47(11): 980-989. |
| Saban 2010 | Non-systematic review | Saban, K. L., et al. (2010). "Measures of psychological stress and physical health in family caregivers of stroke survivors: a literature review." The Journal of neuroscience nursing : journal of the American Association of Neuroscience Nurses 42(3): 128-138. |
| Salzmann-Erikson 2017 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Salzmann-Erikson, M. and D. Hicdurmaz (2017). "Use of social media among individuals who suffer from post-traumatic stress: A qualitative analysis of narratives." Qualitative health research 27(2): 285-294. |
| Samuelson 2014 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Samuelson, K. W., et al. (2014). "Web-based PTSD training for primary care providers: a pilot study." Psychological Services 11(2): 153-161. |
| Sanderson 2013 | Population outside scope: Studies of people with traumatic grief | Sanderson, C., et al. (2013). "Signs of post-traumatic stress disorder in caregivers following an expected death: A qualitative study." Palliative Medicine 27(7): 625-631. |
| Sayer 2009 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Sayer, N. A., Friedemann-Sanchez, G., Spoont, M., Murdoch, M., Parker, L. E., Chiros, C., & Rosenheck, R. (2009). A qualitative study of determinants of PTSD treatment initiation in veterans. Psychiatry, 72(3), 238-255. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Sayer 2011 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Sayer, N. A., et al. (2011). "A qualitative study of U.S. veterans' reasons for seeking Department of Veterans Affairs disability benefits for posttraumatic stress disorder." Journal of traumatic stress 24(6): 699-707. |
| Schiltz 2014 | Non-English language paper | Schiltz, L., et al. (2014). "Great precariousness, psycho-trauma, narcissistic suffering: Results of action-research based on an integrated quantitative and qualitative research methodology. [French]." Annales Medico-Psychologiques 172(7): 513-518. |
| Schuman 2015 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Schumm, J. A., et al. (2015). "Veteran satisfaction and treatment preferences in response to a posttraumatic stress disorder specialty clinic orientation group." Behaviour Research and Therapy 69: 75-82. |
| Schuman 2016 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Schuman, D. (2016). "Veterans' Experiences using Complementary and Alternative Medicine for Posttraumatic Stress: A Qualitative Interpretive Meta-Synthesis." Social work in public health 31(2): 83-97. |
| Self-Brown 2016 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Self-Brown, S., et al. (2016). "Impact of caregiver factors on youth service utilization of trauma-focused cognitive behavioral therapy in a community setting." Journal of Child and Family Studies 25(6): 1871-1879. |
| Seng 2002 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Seng, J. S., et al. (2002). "Abuse-related posttraumatic stress and desired maternity care practices: Women's perspective." Journal of Midwifery and Women's Health 47(5): 360-370. |
| Seng 2004 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Seng, J. S., et al. (2004). "Abuse-related post-traumatic stress during the childbearing year." Journal of Advanced Nursing 46(6): 604-613. |
| Sharif 2015 | Setting: Non-OECD-country | Sharif Nia, H., et al. (2015). "The experience of death anxiety in Iranian war veterans: a phenomenology study." Death studies 39(1-5): 281-287. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Sheen 2016 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Sheen, K., et al. (2016). "The experience and impact of traumatic perinatal event experiences in midwives: A qualitative investigation." International journal of nursing studies 53: 61-72. |
| Sijbrandij 2016 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Sijbrandij, M., et al. (2016). "Effectiveness of Internet-Delivered Cognitive Behavioral Therapy for Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis." Depression and Anxiety 33(9): 783-791. |
| Simmons 2015 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Simmons, C. A., et al. (2015). "Real-world barriers to assessing and treating mental health problems with IPV survivors: A qualitative study." Journal of interpersonal violence 30(12): 2067-2086. |
| Somer 2015 | Setting: Non-OECD-country | Somer, E. and Y. Ataria (2015). "Adverse outcome of continuous traumatic stress: A qualitative inquiry." International Journal of Stress Management 22(3): 287-305. |
| Spangaro 2016 | Population outside scope: Studies of people without PTSD | Spangaro, J., et al. (2016). "Deciding to tell: Qualitative configurational analysis of decisions to disclose experience of intimate partner violence in antenatal care." Social Science and Medicine 154: 45-53. |
| Sprang 2013 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Sprang, G. and M. Silman (2013). "Posttraumatic stress disorder in parents and youth after health-related disasters." Disaster Medicine and Public Health Preparedness 7(1): 105-110. |
| Stewart 2017 | Study design: Case study | Stewart, R. W., et al. (2017). "Addressing barriers to care among Hispanic youth: Telehealth delivery of trauma-focused cognitive behavior therapy." the Behavior Therapist 40(3): 112-118. |
| Stige 2013 | Population outside scope: Studies of people without PTSD | Stige, S. H., et al. (2013). "Stories from the road of recovery-How adult, female survivors of childhood trauma experience ways to positive change." Nordic Psychology 65(1): 3-18. |
| Suffoletta-Maierle 2003 | Non-systematic review | Suffoletta-Maierle, S., et al. (2003). "Trauma-related mental health needs and service utilization among female veterans." Journal of Psychiatric Practice 9(5): 367-375. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Sundin 2011 | Study design: Conference abstract | Sundin, E. C. (2011). "Homelessness and experiences of psychological trauma in the western world: A research review and a qualitative study." European Psychiatry. Conference: 19th European Congress of Psychiatry, EPA 26 |
| Taylor 2004 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | Taylor, T. L. and C. M. Chemtob (2004). "Efficacy of treatment for child and adolescent traumatic stress." Archives of Pediatrics and Adolescent Medicine 158(8): 786-791. |
| Ting 2006 | Population outside scope: Studies of experience from perspective of health/social care professional/practitioner | Ting, L., et al. (2006). "Dealing with the aftermath: A qualitative analysis of mental health social workers' reactions after a client suicide." Social Work 51(4): 329-341. |
| Todahl 2014 | Population outside scope: Studies of people without PTSD | Todahl, J. L., et al. (2014). "Trauma healing: A mixed methods study of personal and community-based healing." Journal of Aggression, Maltreatment & Trauma 23(6): 611-632. |
| Torchalla 2015 | Population outside scope: Studies of women with PTSD during pregnancy or in the first year following childbirth | Torchalla, I., et al. (2015). ""Like a lots happened with my whole childhood": Violence, trauma, and addiction in pregnant and postpartum women from Vancouver's Downtown Eastside." Harm Reduction Journal. 12. |
| Turchik 2013 | Population outside scope: Studies of people without PTSD | Turchik, J. A., et al. (2013). "Perceived barriers to care and provider gender preferences among veteran men who have experienced military sexual trauma: A qualitative analysis." Psychological Services 10(2): 213-222. |
| van den Berk-Clark 2014 | Systematic review with no new useable data and any meta-synthesis results not appropriate to extract | van den Berk-Clark, C. and D. P. S. Wolf (2017). "Mental health help seeking among traumatized individuals: A systematic review of studies assessing the role of substance use and abuse." Trauma, Violence, & Abuse 18(1): 106-116. |
| Vasterling 2000 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Vasterling, J. J., et al. (2000). "Qualitative block design analysis in posttraumatic stress disorder." Assessment 7(3): 217-226. |

| Study ID | Reason for exclusion | Ref 1 |
|---|---|---|
| Venkatraju 2013 | Setting: Non-OECD-country | Venkatraju, B. and S. Prasad (2013). "Psychosocial trauma of diagnosis: A qualitative study on rural TB patients' experiences in Nalgonda District, Andhra Pradesh." Indian Journal of Tuberculosis 60(3): 162-167. |
| Whealin 2017 | Setting: Non-OECD-country | Whealin, J. M., et al. (2017). "Factors impacting rural Pacific Island veterans' access to care: A qualitative examination." Psychological Services 14(3): 279-288. |
| Wilson 2012 | Outcomes: Experiences of disorder or care with no explicit implications for management, planning and/or delivery of care | Wilson, N., d'Ardenne, P., Scott, C., Fine, H., & Priebe, S. (2012). Survivors of the london bombings with PTSD: A qualitative study of their accounts during CBT treatment. Traumatology, 18(2), 75-84. |
| Wilson 2015 | Population outside scope: Studies of people without PTSD | Wilson, J. M., et al. (2015). "Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches." American Journal of Orthopsychiatry 85(6): 586-599. |
| Woollett 2017 | Setting: Non-OECD-country | Woollett, N., et al. (2017). "Revealing the impact of loss: Exploring mental health through the use of drawing/writing with HIV positive adolescents in Johannesburg." Children and Youth Services Review 77: 197-207. |
| Young 2011 | Setting: Non-OECD-country | Young, C. (2011). "Understanding HIV-related posttraumatic stress disorder in South Africa: A review and conceptual framework." African Journal of AIDS Research 10(2): 138-148. |
| Zinzow 2007 | Non-systematic review | Zinzow, H. M., et al. (2007). "Trauma among female veterans: A critical review." Trauma, Violence, and Abuse 8(4): 384-400. |
| Zinzow 2013 | Population outside scope: Studies of soldiers on active service | Zinzow, H. M., et al. (2013). "Barriers and facilitators of mental health treatment seeking among active-duty army personnel." Military Psychology 25(5): 514-535. |
| Zoellner 2003 | Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained | Zoellner, L. A., et al. (2003). "Treatment choice for PTSD." Behaviour Research and Therapy 41(8): 879-886. |

## Economic studies

No economic studies were reviewed at full text and excluded from this review.

# Appendix L – Research recommendations

**Research recommendations for "For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?"**

No research recommendations were made for this review question.