National Institute for Health and Care Excellence

Final

Post-traumatic stress disorder

[H] Evidence review for principles of care

NICE guideline NG116

Evidence reviews

December 2018

Final

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

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ISBN: 978-1-4731-3181-1

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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 • 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: • access to care • engagement with care • care received • practical support received • social support received • care planning and coordination • content and configuration of services • satisfaction with services • awareness, knowledge and use of wider services • 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

One hundred and forty-six studies were identified for full-text review. Of these 146 studies, 28 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

One hundred and eighteen studies were reviewed at full text and excluded from this review. Common reasons for exclusion included population outside scope, study design, non-systematic review and non-OECD country.

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. See also the study selection flow chart in Appendix C.

Table 2: Summary of included studies

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
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	Overall quality based on limitations:17

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
			repetition was used to manage symptoms of PTSD.	
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-	Overall quality based on limitations: 15

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
			9/11 service with self-reported PTSD symptoms.	
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 about mental health beliefs related to trauma exposure, mental health outcomes, and the use of mental health services.	Overall quality based on limitations: 16
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	Overall quality based on limitations: 13

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
			health intervention for trauma-exposed Latina immigrants with depression and/or PTSD for primary care clinics that serve the uninsured.	
Kaltman 2016	Face to face interview	N=28, adults with PTSD	The study aimed to evaluate a mental health intervention for trauma-exposed Latina immigrants with depression and/or posttraumatic stress disorder (PTSD) for primary care clinics that serve the uninsured.	Overall quality based on limitations: 13
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	Overall quality based on limitations: 16

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
			site visits helpful, to test whether the functions of the site visit predicted by cognitive theories of PTSD were endorsed.	
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
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

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
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 Step One of Stepped Care Trauma-Focused Cognitive Behavioral Therapy.	Overall quality based on limitations: 18
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	Overall quality based on limitations: 17

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
			behavioural therapy.	
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
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

Study	Study design and methods	Population	Aims	Limitations assessed using Critical Appraisal Skills Programme (CASP 2018). Maximum score=20
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 perspective of adult women with PTSD.	Overall quality based on limitations: 17
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 (CERQual approach for qualitative findings)

Study information		Description of theme or finding	Quality assessment		
Number of studies	Design		Criteria	Rating	Overall
Theme 1: Apprehension engaging in the intervention or service					
n=19	Interview: n=14 Focus group: n=2 Focus groups & interviews: n=2 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. 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 supportive and engaged therapist's service users were able to overcome their reservations and access or continue to access services. 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	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**
		2015; Stankovic 2011; Taylor 2013; Vincent 2013). 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. 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 Focus group: n=3 Focus group and interview: n=1	Eighteen studies (Dittman 2014; Eisenman 2008; Ellison 2012; Hundt 2015; Jindani & Khalsa 2015; Kaltman 2014; Niles 2016; Palmer 2004; Possemato 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. Service users expressed a lack of understanding and awareness of which	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
		treatment approaches would be appropriate and described a lack of suitable direction to services (Eisenman 2008; Ellison 2012; Whealin 2016). 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). 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). 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. Service users described experiencing an abrupt end to treatment and the need for a substantial follow-up period (Niles 2016; Palmer 2004; Possemato 2015; Stankovic 2011; Tharp 2016; Vincent 2013). Services users expressed the need for configuration of			

Study information			Quality assessment		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Rating**	**Overall**
		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 Focus group: n=2 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. 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). However, some service users expressed a reluctance to peer support interventions or services (Eisenman 2008; Ellison 2012; Palmer 2004; Tharp 2016).	Limitation of evidence	Moderate limitations	High Confidence
			Coherence of findings	Coherent	
			Applicability of evidence	Adequate	
			Sufficiency or saturation	Saturation	

Study information		Description of theme or finding	Quality assessment		
Number of studies	Design		Criteria	Rating	Overall
		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 Focus group: n=2 Focus group and interview: n=2 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. 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). 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, and an overall high confidence rating, 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, and an overall high confidence rating, 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, and an overall high confidence rating, 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, and an overall high confidence rating, 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.

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.
- 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 (K=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 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 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 reduces the risk of exacerbating symptoms 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 exacerbating symptoms could be minimised through facilitation by people with mental health training and supervision, 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 facilitate 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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Possemato 2015

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Possemato 2017

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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

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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

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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: • women who have been exposed to sexual abuse or assault, or domestic violence • lesbian, gay, bisexual, transsexual or transgender people • people from black and minority ethnic groups • people who are homeless or in insecure accommodation • asylum seekers or refugees or other immigrants who are entitled to NHS treatment • people who have been trafficked • people who are socially isolated (and who are not captured by any other subgroup listed) • people with complex PTSD • people with neurodevelopmental disorders (including learning disabilities and autism) • people with coexisting conditions (drug and alcohol misuse, common mental health disorders, eating disorders, personality disorders, acquired brain injury, physical disabilities and sensory impairments) • 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.

Topic	Principles of care and support for people with PTSD and their families and carers
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). 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 Studies of people with traumatic grief Studies of people with psychosis as a coexisting condition Studies of people with learning disabilities Studies of women with PTSD during pregnancy or in the first year following childbirth 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 Factors or attributes (at the individual-, practitioner-, commissioner- or service-level) 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 for example: • Form, frequency, and content of interactions with service users, families or carers • Form, frequency, and content of practical and social support for service users, families or carers • Sharing information with and receiving information from service users, families or carers • Planning of care with service users, families or carers • 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 Primary qualitative studies

Topic	Principles of care and support for people with PTSD and their families and carers
	Excluded: 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 be informed that summary data from the study and the study's characteristics will be published in the full guideline 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. Studies from any OECD member country will be included. However, applicability to the UK service setting will be considered during data analysis and synthesis. Treatment provided to troops on operational deployment or exercise will not be covered.
Evaluation	Experience and views of services. This includes experience/views of: • access to care • engagement with care • care received • practical support received • social support received • care planning and coordination • content and configuration of services • satisfaction with services • awareness, knowledge and use of wider services • a service delivery model change/intervention
The review strategy	Reviews

Topic	Principles of care and support for people with PTSD and their families and carers
	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. Data Extraction (selection and coding) 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 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. Non-English-language papers will be excluded (unless data can be obtained from an existing review). Data Synthesis 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). 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/

#	Searches
	or (exp health promotion/ and (access* or barrier* or disparit* or equity or inequit* or inequalit*).ti,ab.)
14	13 use mesz
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

#	Searches
	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 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 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*

#	Searches
	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.
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
#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

#	searches
	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 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")

#	searches
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)
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*"

#	searches
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 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

#	Searches
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/
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/

#	Searches
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.
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

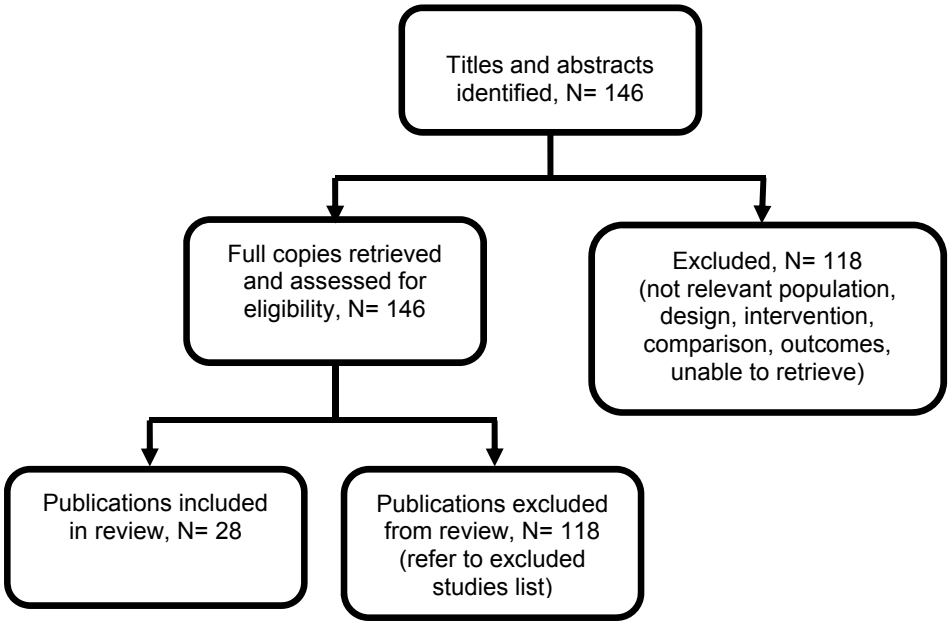
#	Searches
#1	MeSH descriptor: Stress Disorders, Traumatic this term only
#2	MeSH descriptor: Combat Disorders this term only
#3	MeSH descriptor: Psychological Trauma this term only
#4	MeSH descriptor: Stress Disorders, Post-Traumatic this term only
#5	MeSH descriptor: Stress Disorders, Traumatic, Acute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

#	Searches
#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?"

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
Bance 2014	Canada	29	Adults with PTSD	Diagnostic status: Acute stress disorder/acute stress reaction diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: NR Gender (% female): 41 Ethnicity (% non-white): 28 Traumatic event type: Mixed Traumatic event detail: Physical assault: 51.2% Verbal assault: 29.3% Suicide: 64.2%	To be eligible, employees needed to have experienced a traumatic event at work, reported the incident to occupational health and agreed to be contacted by the research team about the study.	Interview (face-to-face)	Content analysis	1. Small sample size may make it difficult to generalize the results. 2. Debiasing strategies were not used in the data analysis, which may limit its strength.	1. The researchers did not mention why some participants chose not to take part. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. There is no discussion in relation to the credibility of the findings.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Accident: 25.8% Other: 27.3% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR					
Bermudez 2013	US	10	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 31-62 Gender (% female): 100 Ethnicity (% non-white): 100 Traumatic event type: Domestic violence	Chronic trauma, including intimate partner violence, and had scores of 35 or above on the Post-traumatic Stress Checklist (PCL).	Focus group and interview	Interpretative phenomenological analysis (IPA)	NR	1. The researchers do not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. The paper does not identify novel areas for further research and the generalisability of the research is not discussed.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Traumatic event detail: All low income, minority women with a history of intimate partner violence. Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR					4. No explicit inclusion/ exclusion criteria
Borman 2013	US	65	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 39-75 (mean=56) Gender (% female): 2	Inclusion criteria: aged at least 18 years; PTSD diagnosis confirmed by the medical record and the Clinician Administered PTSD Scale (CAPS; Weathers, Keane, & Davidson, 2001); achieved sobriety	Interview (telephone). Critical incident research technique interviews	Content analysis. Inductive classification	1. Generalisability of findings as primarily male, middle-aged, and with chronic PTSD. 2. Reliability of the codebook for interview analysis was assessed	1. The researchers do not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Ethnicity (% non-white): 37 Traumatic event type: Military combat Traumatic event detail: 80% war zone combat trauma 42% wounded in combat. Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	for at least two months per self-report that was confirmed by PTSD clinicians. Exclusion criteria: unmanaged psychotic or bipolar disorder (during past year); dementia; severe suicidal ideation assessed by the Mini-International Neuropsychiatric Interview (MINI; Sheehan et al., 1998). Study assessors reviewed computerized records and collected self-reports on medication use to determine that all subjects had been on stable types and doses of psychotropic medications for at least two months			using the percent agreement method versus the kappa coefficient (Cohen kappa) and percent agreement does not take into account chance agreement and base rates.	

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
					before joining the study.				
Dittman 2014	Norway	30	Children with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 11-17 (mean=15) Gender (% female): 77 Ethnicity (% non-white): NR Traumatic event type: Mixed Traumatic event detail: Exposure to sexual abuse or assault: 33.3% Exposure to mugging or robbery: 3.3% Exposure to non-sexual violence: 50%	Exclusion criteria: acute suicidal behaviour; psychosis; need for an interpreter.	Interview (telephone)	Thematic analysis	1. Interviews were conducted over the phone. 2. Questions about the youths' therapy experiences were broadly formulated. 3. Retrospective reports.	1. The researchers explained how and why participants were selected but did not provide comprehensive discussion in relation to recruitment, specifically no discussion of how many individuals chose not to participate. 2. Informed consent discussed, although the researchers do not discuss if ethical approval was obtained. 3. Findings comprehensive but no triangulation, member validation or double coding.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Witnessing interpersonal violence: 6.6% Unexpected severe injury or death of close family member or friend: 6.6% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: Depression: 72.8% Anxiety: 66.4% Behavioural & attention problems: 59.1% Lifetime experience of trauma: NR					
Eisenman 2008	US	60	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a	Inclusion criteria: primary care patients with PTSD; foreign-born Latino adults (Mexican,	Interview (face-to-face)	Content analysis	1. Convenience sampling method.	1. The setting for data collection was described, although not justified. It is clear how data were

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				threshold on validated scale) Age: NR Gender (% female): 90 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physically abused as a child: 21%, Physically attacked as a teenager or adult: 33%, Sexual molestation: 19%, Raped, forced oral/anal sex: 13%, Witnessed death/injury of another: 18%, Family member killed/disappeared from political violence: 15%, Witnessed death/injury of	Cuban or other Caribbean, Central and South American); aged at least 18 years			2. High refusal rate 3. Study findings not representative of Latino populations across the US, and trauma may not be representative of that in broader Latino population. 4. No control groups of Latinos without PTSD	collected and methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				many people during political violence: 11%, Personally beaten/raped during political violence: 3%, Other: 5% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR					
Ellis 2016	Canada	5	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR Gender (% female): 20	Participants were defined by three continuous variables: frequency of nightmares, degree to which the nightmares replicate trauma incidents, and PTSD levels. Participants were chosen if they reported moderate	Interview (face-to-face)	Interpretative phenomenological analysis (IPA). IPA of PTSD dream changes following focusing oriented dreamwork treatment for trauma survivors	NR	1. Small sample size 2. Data collection method and data analysis methods briefly alluded to. No justification of the data collection method of clinical interviews or the data analysis method of interpretive

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Ethnicity (% non-white): NR Traumatic event type: Being tortured Traumatic event detail: All 5 were refugees reporting moderate to high levels of nightmare frequency and degree to which nightmares replicate traumatic events and PTSD levels Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	to high levels in all three categories				phenomenological analysis. 3. Researchers explained why participants were selected, but no explanation as to why people chose not to take part. 4. Data collection in therapy sessions 1 and 4, but not clear what format data collection takes and no justification for data collection location, time or format. The researchers do not discuss data saturation. 5. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 6. No ethical information reported.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
									7. No explicit research finding and no discussion of alternative conclusions/limitations. No consideration of credibility of research findings.
Ellison 2012	US	29	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR (54% under 30 years) Gender (% female): 6 Ethnicity (% non-white): 19 Traumatic event type: Military combat Traumatic event detail: NR Multiplicity of index trauma: Multiple	Inclusion criteria: military service since 2001 and deployment in the Middle East; an educational goal (to either continue education if enrolled or to begin or go back to school or training); screened positive for PTSD by answer affirmatively to the following questions: "Do you consider yourself to have war related problems that may be signs of PTSD (for example: having flashbacks, trouble sleeping, feeling edgy or easily	Focus group	Open coding	1. Generalisability of findings 2. Analysis by age groups 3. Data were gathered in different parts of the country in different service systems so findings could differ	1. The researchers only allude to a data analysis method of a thematic approach. No justification of the data collection method of focus groups or data analysis method of a thematic approach. 2. The researchers explained how the participants were selected and why they were appropriate. No explanation is provided as to why participants did not take part. 3. The researchers do not consider their own role, potential bias, or influence during the

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	angry, feeling numb or withdrawn)?"; and "Have you even been diagnosed as having PTSD by a mental health professional?"				formulation of the research question and data collection. 4. Ethical approval obtained, no discussion of informed consent.
Ghafoori 2014	US	27	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR Gender (% female): NR (predominantly male) Ethnicity (% non-white): NR (predominantly black) Traumatic event type: Mixed Traumatic event detail: Physical assault/abuse: 51.9%,	Inclusion criteria: English speakers aged over 18 years who had experienced, witnessed or been confronted with lifetime traumatic event(s) to which the individual responded with intense fear, helplessness or horror. Exclusion criteria: psychosis; suicidal/homicidal thoughts; history of suicidal attempt; psychiatric hospitalisation in prior 12 months; substance use 24	Interview (multiple methods)	Grounded theory: coding consensus, co-occurrence and comparison	1. Psychological issues were measured retrospectively by self-report screening rather than clinical interview. 2. Sample may be non-representative of low income, urban trauma survivors. 3. All participants were already in contact with health services.	1. Incomplete description of final subset of participants for qualitative analysis. 2. The setting for data collection was not described or justified. It is clear how data were collected and methods are explicit, although not justified (60 minute semi-structured interviews, audiotaped and transcribed). No mention of data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Robbery/mugging 40.7%, Attempted sexual assault: 18.5%, Sexual assault/penetration: 29.6%, Threatened with weapon: 28.6%, Childhood physical assault: 51.9%, Domestic Violence: 48.1%, Witnessed death/assault: 44.4%, Life threatening illness: 33.3%, Life threatening accident: 51.9%, Traumatic death of a loved one: 59.3% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR	hours prior to interview			4. Racism within health system, or negative service experiences were not assessed	formulation of the research question and data collection. 4. The researchers do not describe how some of the data presented were selected from the sample. A limited number of quotations were provided.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Lifetime experience of trauma: 4.6 (SD 2.3)					
Hundt 2015	US	23	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: Mean=54 Gender (% female): 26 Ethnicity (% non-white): 65 Traumatic event type: Military combat Traumatic event detail: NR Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR	Veterans who completed at least eight sessions of evidence-based psychotherapy (EBP) in a Veterans Affairs (VA) PTSD clinic	Interview (multiple methods)	Grounded theory: Constant comparative approach (CCA)	1. Generalisability of results - specific to EBP completers in a VA PTSD clinic.	1. The researchers explained how the participants were selected and why they were appropriate. No explanation is provided as to why participants did not take part. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Lifetime experience of trauma: NR					
Jindani 2015	Canada	40	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 18-63 (mean=44) Gender (% female): 78 Ethnicity (% non-white): NR Traumatic event type: Mixed Traumatic event detail: Sexual and childhood sexual abuse: 27.5% Physical trauma: 3.2% Emotional abuse: 5.2% Compassion fatigue: 1.6%	Inclusion criteria: aged at least 18 years; fluent in English. Exclusion criteria: scored less than 57 on the Post-traumatic Stress Disorder Checklist (PCL); current yoga/meditation practice, inability to abstain from substance consumption 24 hours before class; at safety risk.	Interview (telephone)	Thematic analysis	1. Generalisability of findings given that individuals presenting PTSD symptoms who chose to participate in a yoga intervention may have been healthier and/or had more interest in alternative treatment approaches. 2. Similarly, a certain level of intrinsic motivation was required to complete the yoga program because participants	1. No discussion of data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. No discussion in relation to credibility of the findings.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Adverse life circumstances:16 % Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR				were required to attend 8-week classes and encouraged to participate in a home practice. 3. The small sample size and lack of an active control are also limitations of this preliminary study.	
Kaltman 2014	US	27	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: Mean=46 Gender (% female): 100 Ethnicity (% non-white): 100 Traumatic event type: Mixed	Inclusion criteria: Latino primary care patient; had at least one trauma exposure; screened positive for PTSD or depression (30% screened positive for PTSD, 26% for depression, and 44% for both)	Interview (format NR)	Content analysis	1. Participants already in contact with health services, may not be generalizable. 2. Structured discussion of barriers may have occluded other factors. 3. Treatment preferences of sample may	1. Study would benefit from discussion of employment security of participants 2. This study sought to develop and preliminarily evaluate a mental health intervention for trauma-exposed Latina immigrants with depression and/or posttraumatic stress disorder (PTSD) for primary

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Traumatic event detail: Emotional abuse: 92.59%, childhood physical abuse: 51.85%, domestic violence witnessed as child: 51.85%, adult physical violence: 51.85%, life-threatening illness: 44.44%, rape/unwanted sexual contact: 40.74%, and violent loss: 40.74% Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: 70% screened positive for depression				not be directly related to actual treatment seeking behaviour. 4. Not able to investigate importance of region of origin on immigrant care seeking behaviour	care clinics that serve the uninsured. Quantitative analysis is also important. 3. Recruitment strategy described, no discussions of reasons why some may have chosen not to take part. 4. The setting for data collection was not described or justified. Clear data collection strategy described. No discussion of data saturation. 5. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 6. The researchers do not describe how some of the data presented were selected from the sample. A limited

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Lifetime experience of trauma: 6.2 (SD 2.61)					number of quotations were provided. 7. Contribution of study to existing knowledge is not adequately discussed
Kaltman 2016	US	28	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: Mean=48 Gender (% female): 100 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physical abuse as a child (75%), Emotional abuse (71%), Physical assault as an adult (64%).	Inclusion criteria: Latino immigrants in primary care; screened positive for depression (defined as a score of 10 or higher on the PHQ-9) and/or PTSD (a score of 30 or higher on the PTSD Checklist, PCL) (57% screened positive for both PTSD and depression, 36% for PTSD only, and 7% for depression only).	Interview (format NR)	NR	1. Convenience sample of a group of Latina immigrants. Thus, its generalisability beyond this group is uncertain. 2. Self-selected sample so participants may have been more motivated than typical primary care patients. 3. Self-report measures were used to assess	1. Data analysis method not stated. No reference to rationale for the data collection method of interviews and no rationale for the data analysis method. 2. The setting for data collection was not described or justified. The method of data collection (interviews) is not clear or justified. Data saturation is not discussed. 3. The researchers do not fully consider their own role, potential bias, or influence during the formulation of the research

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: 64% screened positive for depression Lifetime experience of trauma: NR				depression and PTSD rather than more formal diagnostic interviews 4. Interviews were administered by the interventionist, introducing an additional confound.	question and data collection. 4. Informed consent discussed. The researchers do not state ethical approval was obtained. Limited detail in relation to how the research was explained to participants. 5. The researchers do not state the analysis method or provide an in-depth description of the analysis method. It is not clear how the themes are derived from the data. The researchers do not describe how the data presented were selected from the sample. Eight quotations were provided to support the findings and contradictory findings were not presented.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
									6. The qualitative findings are not explicitly stated.
Kehle-Forbes 2017	US	37	Adults with PTSD	Diagnostic status: Unclear Age: Mean=55 Gender (% female): 100 Ethnicity (% non-white): NR (predominantly white) Traumatic event type: Exposure to sexual abuse or assault Traumatic event detail: US women veterans who served in the Vietnam and post-Vietnam era (1975-1998) exposed to sexual abuse/assault. Medical sexual assault: 73.3%	Inclusion criteria: women veterans in the US Veterans Health Administration (VHA); had applied for veteran PTSD disability benefits between 1994 and 1998; had no change in disability benefits since 1998; demonstrated a meaningful improvement or worsening in PTSD symptoms since 2004.	Interview (telephone)	Grounded theory: Constant comparative approach (CCA)	1. Women only represent a subset of veterans who have filed PTSD disability claims 2. Did not include veterans from Operations Iraqi Freedom/Enduring Freedom or New Dawn. 3. Participants were not asked specifically about gender-specific VHA experiences. 4. Women were not asked specifically to compare VHA	1. Researcher explained how participants were recruited but no explanation as to why people chose not to take part. 2. The setting for data collection was described, although not justified. It is clear how data was collected and methods are and explicit, although not justified. The researchers did not discuss data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 4. The researchers do not discuss new areas

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR				care to non-VHA care	where research is necessary or generalisability of research findings.
Murray 2016	UK	25	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 28–65 (mean=41) Gender (% female): 36 Ethnicity (% non-white): 40 Traumatic event type: Mixed Traumatic event detail: Exposure to non-sexual violence: 32%	Inclusion criteria: English-speaking adults receiving a course of trauma-focused CBT for PTSD.	Free-text written response	Grounded theory: Constant comparative approach (CCA)	1. Small sample size 2. Uncontrolled convenience sample 3. Limited generalisability to non-English speakers.	1. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 2. No ethical information reported.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Unintentional injury: 20% Unintentional illness/medical emergency: 20% Military combat: 8% Witnessing violent deaths: 8% Domestic violence: 4% Exposure to sexual abuse or assault: 4% Terrorist attacks: 4% Multiplicity of index trauma: Single Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR					

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
Niles 2016	US	17	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 32-67 (mean=51) Gender (% female): 35 Ethnicity (% non-white): 41 Traumatic event type: Military combat Traumatic event detail: NR ('veterans') Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	Inclusion criteria: aged at least 18 years; a PTSD diagnosis in the electronic medical record or endorsement of at least one of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) re-experiencing symptoms of PTSD during the telephone screening; willingness to complete five visits over the course of the study; no plans to relocate while enrolled in the study; agreement not to initiate enrolment in other formalised exercise programmes until completion of the study; no current medical conditions that limit ability to	Focus group and interview	General inductive approach	1. Small sample size 2. No diagnostic measure used, and some of the participants reported mild symptoms of PTSD, so findings may not apply to a broader population of veterans with diagnosed PTSD. 3. Potential selection bias. Since participants understood they were volunteering to take part in a Tai Chi study, they were likely to be more enthusiastic	1. No reference to rationale for the data collection method of interviews and no justification of the data analysis method. 2. The setting for data collection was not described or justified. It is clear how data was collected and methods are and explicit, although not justified. All of the focus groups were audio-taped, however the researchers do not state if the interviews were audio-taped. The researchers did not discuss data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
					participate safely in moderate exercise as measured by the Physical Activity Readiness Questionnaire (PAR-Q) during the telephone screening; no contraindications noted by the participant's primary care provider (or another member of the medical team, e.g. cardiologist); not currently pregnant, if female. Exclusion criteria: evidence of active substance dependence as noted in the electronic medical record; a current diagnosis of mania, hypomania, unstable bipolar disorder, psychotic disorder, active suicidality or a history of psychosis,			about participating and offering positive feedback about this unconventional intervention than others within the larger veteran population. 4. Monetary compensation provided to participants for transportation, time and inconvenience may have acted as an incentive for participation and potentially enhanced recruitment, attendance and retention rates. 5. The four-session	

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
					as noted in electronic medical record; recent (past 3 months) hospitalisation for mental health or substance use issues; current participation in another longitudinal intervention study addressing post-traumatic stress symptoms, traumatic brain injury or other mental health disorders.			introduction to Tai Chi was substantially shorter than a typical Tai Chi programme.	
Palmer 2004	Canada	30	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 20-54 (mean=41) Gender (% female): 83	Inclusion criteria: survivors of childhood abuse; in an inpatient treatment programme	Interview (face-to-face)	Ethnographic approach	1. Relatively small sample size so the transferability of the findings is uncertain. 2. Qualitative data are subjective by their nature and abuse survivors may have a range	1. The researchers do not state the objectives of the research. The importance and relevance of the research is stated. 2. The researcher described how the participants were selected, and why the participants selected were the most

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Ethnicity (% non-white): 13 Traumatic event type: Childhood abuse Traumatic event detail: No further details reported Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR				of motivations for contributing to research. 3. Survivors who have benefitted from a treatment programme are likely to be generous in sharing their experiences so that others may be helped.	appropriate. The researchers did not mention why some participants chose not to take part. 3. The researchers did not discuss data saturation. 4. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 5. Informed consent discussed. However, the researchers do not state ethical approval was obtained and provide no detail in relation to how the research was explained to participants. 6. There is no discussion in relation to credibility of the findings.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
Possemato 2015	US	18	Adults with PTSD	Diagnostic status: Screened positive for PTSD symptoms in primary care clinic Age: NR Gender (% female): 22 Ethnicity (% non-white): 18 Traumatic event type: Military combat Traumatic event detail: No further details provided ('combat veterans') Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: 100% hazardous alcohol/substance use	Inclusion criteria: Screened positive in primary care clinic for PTSD symptoms or hazardous alcohol/substance use	Focus group	NR (authors state that 'no formal analytic approach was used')	NR	1. Data collection method stated, although no formal qualitative data analysis approach was used. The researchers do not provide a rationale for the use of focus groups. 2. Limited information in relation to recruitment strategy and provided no explanation as to why people chose not to take part. 3. The researcher did not discuss data saturation. 4. No description of relationship between researchers and participants. 5. The researchers state they did not use formal analytical methods and do not justify this decision. The researchers do not describe how the

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Lifetime experience of trauma: NR					data presented were selected from the sample. Only a very limited number of quotations were provided to support the findings and contradictory findings were not presented. 6. The findings are not comprehensive and there is no triangulation, member validation or double coding.
Possemato 2017	US	9	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR Gender (% female): NR Ethnicity (% non-white): NR Traumatic event type: Military combat	Inclusion criteria: Veteran; had no intent to initiate PTSD treatment in specialty mental health care in the next 2 months. Exclusion criteria: gross cognitive impairment; suicidal intent or attempts in the past 2 months; received mental health counselling for PTSD in the last	Interview (telephone)	Content analysis	1. Results may be idiosyncratic to site of study	1. It is clear how data was collected and methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. The researchers state the analysis

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Traumatic event detail: No further details reported Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	2 months outside of VA primary care				method, and provide limited detail of the analysis method. It is not clear how the themes are derived from the data. The researchers do not describe how the data presented were selected from the sample. Only three quotations were provided to support the findings and other findings mentioned were not supported by quotations. Contradictory findings were not presented.
Salloum 2015	US	33	Children with PTSD and their family/carers	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 8-12 (mean=10) Gender (% female): 53	Inclusion criteria: at least five DSM-IV-defined PTSD symptoms (measured by the ADIS-IV-C/P, including at least one symptom in each of the three PTSD clusters); aged 8-12 years; parent/caregiver	Interview (face-to-face)	Framework analysis	1. Relatively small sample size, limited age group of 8–12 year olds, and qualitative methods do not allow for generalisation. 2. Given the relatively small	1. It is clear how data were collected and methods are explicit and comprehensive, although not justified. The researcher did not discuss data saturation. 2. Authors state that research assistants are not involved in the therapy. However,

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Ethnicity (% non-white): 35 Traumatic event type: Childhood sexual abuse Traumatic event detail: Childhood sexual abuse: 64.7% Domestic violence: 17.6% Unexpected severe injury or death of close family member or friend: 11.8% Unintentional injury: 5.9% Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: Major depression: 94% Lifetime experience of trauma: Mean	was willing and able to participate in the treatment and complete informed consent. Exclusion criteria: parent/caregiver or child psychosis, mental retardation, autism, or any condition that would limit the caregiver's ability to understand CBT and the child's ability to follow instructions; parent had substance use disorder within 3 months prior to enrolment; child or parent was suicidal; child or parent was not fluent in English; if the child was on medication, the child was not on a stable medication regimen for at least 4 weeks prior to admission to the study; parent/caregiver			sample it was not possible to examine patterns of themes by ages, type of trauma, diagnosis, and by response/non-response 3. The methods did not allow member checking where parents and children were able to review the results. 4. Five parents and six children who participated in the treatment study did not complete the interview and thus did not	this does not address bias in the formulation of research question or analysis.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				number of traumatic events 2.24 (SD = 1.35). 59% experienced more than one traumatic event Family/carer age: Mean=36.53 Family/carer gender (% female): 100 Family/carer ethnicity (% non-white): 35%	who would be the treatment participant was the perpetrator, or if the child was perpetrated by a person who still lives in the home (e.g., mother's boyfriend, sibling).			provide feedback	
Salloum 2016	US	52	Children with PTSD and their family/carers	Diagnostic status: clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 3-7 Gender (% female): 48 Ethnicity (% non-white): 37 Traumatic event type: Mixed Traumatic event detail: Domestic	Inclusion criteria: at least 5 DSM-PTSD symptoms; parents/children speak English; participating in an RCT for trauma-focused CBT. Exclusion criteria: non-participation of mid- or post-treatment assessment	Interview (format NR)	Thematic analysis	1. Findings may not be generalizable. 2. Children's own experience (rather than child's experience from parent perspective) was not within scope. 3. Questions may be too broad to	1. Recruitment strategy described and why the participants selected were the most appropriate. No discussions of reasons why some may have chosen not to take part. 2. The setting for data collection was not described or justified. Clear data collection method with interview questions described.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				violence: 34.6%, sexual abuse: 32.7%, traumatic grief: 11.5%, accident: 5.8%, physical abuse: 3.8%, kidnapping: 1.9%, illness: 1.9%, community violence 1.9% Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: 2.7 (SD 1.15) Family/carer age: NR Family/carer gender (% female): 94				address all parents' concerns. 4. Format of questions may have contributed to bias. 5. Some parents contributed to some but not all interview sessions	No mention of data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. The researchers do consider their role in the data analysis as two researchers not involved clinically with the treatment code all of the transcripts.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Family/carer ethnicity (% non-white): 27%					
Stankovic 2011	US	11	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 42-68 Gender (% female): 0 Ethnicity (% non-white): 64 Traumatic event type: Military combat Traumatic event detail: 94% Vietnam war; 6% Iraq war Multiplicity of index trauma: Multiple Mean months since traumatic event: NR	Inclusion criteria: military combat veterans with PTSD attending a community mental health agency in the San Francisco Bay Area. Exclusion criteria: severe auditory impairment.	Interview (multiple methods)	NR	1. Frequency of data recording may have been burdensome to participants. 2. Follow up interviews were not planned in advance and lead to low response rate of 54%	1. No justification for the data collection method of interviews. 2. The researchers alluded to why some participants chose not to take part but not a full discussion around recruitment. 3. The setting for data collection was not described or justified. No mention of data saturation. 4. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 5. Informed consent but no mention of ethical approval. 6. The researchers provide no description of data analysis,

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Coexisting conditions: NR Lifetime experience of trauma: NR					although do provide a quote to support every major theme. It is not clear how the themes are derived from the data. The researchers do not describe how some of the data presented were selected from the sample. 7. No discussion of credibility of research or a discussion for the evidence against the findings. 8. The study states the importance of the research but does not discuss generalisability of the findings.
Story 2017	Denmark	5	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 28-69 (mean=49)	Inclusion criteria: female veterans who had experienced military sexual trauma and had symptoms of PTSD, even if not formally diagnosed; were a minimum of	Focus group and interview	Meaning condensation	1. Small sample size. 2. Principal investigator was also the therapist	1. Researcher explained how participants were recruited but no explanation as to why people chose not to take part. 2. Researcher-participant

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Gender (% female): 100 Ethnicity (% non-white): NR Traumatic event type: Exposure to sexual abuse or assault Traumatic event detail: Female veterans who had experienced military sexual trauma Multiplicity of index trauma: Unclear Mean months since traumatic event: NR (at least 3 months ago) Coexisting conditions: NR Lifetime experience of trauma: NR	three-months post traumatic event (with no upper limit on time elapsed since trauma). Exclusion criteria: current unstable or uncontrolled psychotic symptoms; current suicidal or homicidal ideation; moderate or greater cognitive impairment.				relationship considered, as researcher and interviewer delivered therapeutic sessions. Although, the researchers do not provide a description of bias in relation to the research question formulation.
Taylor 2013	UK	9	Adults with PTSD	Diagnostic status: Clinically important PTSD	Inclusion criteria: Survivors of torture in treatment for	Interview (format NR)	Interpretative phenomenological analysis (IPA)	1. Sample may not be representative	1. The setting for data collection was described, although

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				symptoms (scoring above a threshold on validated scale) Age: 38 -50 Gender (% female): 11 Ethnicity (% non-white): 100 Traumatic event type: Torture Traumatic event detail: No further details reported Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	PTSD symptoms; currently reporting re-experiencing; reported moderate to severe pain every day for six months (not as a result of cancer or active disease)			of torture survivors 2. Semi-structured interviews may have obstructed survivors' reporting on other facets of trauma to those suggested 3.Use of interpreters may have altered results	not justified. It is clear how data were collected and methods are explicit, although not justified. The researchers did not discuss data saturation. 2. Before the interview, the researcher briefed interpreters on the aims and methods and their role in realizing these. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.
Tharp 2016	US	25	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a	Inclusion criteria: Veterans in mental health treatment who reported perpetrating intimate	Interview (format NR)	Content analysis	1. Sample may not be representative.	1. The setting for data collection was not described or justified. It is clear how data were collected and

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				threshold on validated scale) Age: 31-69 (mean=55) Gender (% female): 0 Ethnicity (% non-white): 44 Traumatic event type: Military combat Traumatic event detail: No further details reported ('veterans') Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	partner violence (IPV) and were living with a female partner. Exclusion criteria: current risk of suicide and homicide; active psychotic symptoms; current substance intoxication.			2. Responses may have been shaped by social desirability. 3. Responses may only be related to conflict-based IPV and not other forms such as sexual IPV. 4. Partner experiences were unable to be included in analysis	methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection 3. Informed consent discussed. The researchers do not state ethical approval was obtained and provide no detail in relation to how the research was explained to participants.
Valentine 2016	US	24	Adults with PTSD	Diagnostic status: PTSD diagnosis according to	Inclusion criteria: PTSD diagnosis and score above clinical cut off.	Interview (format NR)	Content analysis	1. Sample may not be generalizable	1. The researchers do not consider their own role, potential bias, or influence during the

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				ICD/DSM criteria (including self-report of diagnosis) Age: NR Gender (% female): 75 Ethnicity (% non-white): 71 Traumatic event type: Unclear Traumatic event detail: NR Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR				2. No measure of care use 3. Racial and ethnicity related stigma may be under-reported	formulation of the research question and data collection.
Vincent 2013	UK	7	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-	Inclusion criteria: outpatients from PTSD services for asylum seekers, and one primary care service, in	Interview (format NR)	Interpretative phenomenological analysis (IPA)	1. Barriers to understanding including level of English, use of cultural frameworks	1. Recruitment strategy described, and why the participants selected were the most appropriate. No

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				report of diagnosis) Age: 19-42 Gender (% female): 43 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physical assault, sexual assault, witness to others killed, gang rape, torture, war, witness to family killed , rape, found child murdered, imprisonment, physical threats, witnessed family member harmed Multiplicity of index trauma: Unclear Mean months since traumatic event: NR	England and Wales; asylum-seekers at time of treatment; had a primary diagnosis of PTSD; had at least 2 sessions of trauma-focused CBT, and at least 5 sessions of psychological therapy in the last 6 months; could speak English. Exclusion criteria: actively psychotic; detained under mental health legislation; excluded under advice of their therapist.			and inherent issues associated with PTSD. 2. Sample non-representative and highly heterogeneous. 3. Only patients still in care were included. 4. Sample may be more secure than most asylum seekers. 5. Interviews carried out in care facility which may have affected results.	discussions of reasons why some may have chosen not to take part. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. Informed consent discussed but no mention of ethical approval. 4. The researchers mention triangulation, although not in a typical context.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Coexisting conditions: NR Lifetime experience of trauma: NR					
West 2017	US	31	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 18-58 Gender (% female): 100 Ethnicity (% non-white): 26 Traumatic event type: Childhood sexual abuse and/or physical abuse Traumatic event detail: Ongoing physical abuse combined with emotional abuse was the most common form of	Inclusion criteria: women aged 18–58 years; with chronic, treatment nonresponsive PTSD related to ongoing or repeated physical and/or sexual abuse in childhood; met diagnostic criteria for PTSD; had a minimum score of 45 on the Clinician Administered PTSD Scale (CAPS); currently involved in psychotherapy for a minimum of 6 months prior to the study.	Interview (face-to-face)	Content analysis	1. Findings cannot be generalised to all trauma survivors given the limited sample. 2. Expectancy effects due to increasing popularity of yoga in the US may have increased positive reports among participants or observers.	1. Explained how participants were selected (from RCT) but not those who didn't choose to take part. 2. Researchers consider bias in analysis, but no discussion of bias in research question formulation and data collection. 3. The researchers do not describe how the data presented were selected from the sample. A comprehensive number of quotations were presented, although contradictory findings were not presented.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				trauma. Many reported a combination of physical, sexual and emotional. Parents or siblings most common perpetuators. Multiplicity of index trauma: Multiple Mean months since traumatic event: NR (trauma occurred at least 12 years prior to intake) Coexisting conditions: NR Lifetime experience of trauma: NR					
Whealin 2016	US	10	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-	Inclusion criteria: self-report of PTSD; at least 3 chronic conditions; experience using technology to	Focus group	Content analysis	1. Only veterans with web exposure, limits generalisability	1. Recruitment strategy described and why the participants selected were the most appropriate. No

				report of diagnosis) Age: Mean=57 Gender (% female): 30 Ethnicity (% non-white): 30 Traumatic event type: Military combat Traumatic event detail: No further details reported ('veterans') Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: Chronic pain, depression, cancer and chronic fatigue. Lifetime experience of trauma: NR	manage health; receipt of care at a Veterans Affairs (VA) facility.			2. May be non-representative in terms of race and regionality.	discussions of reasons why some may have chosen not to take part. 2. The setting for data collection was not described or justified. No mention of data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

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Kehle-Forbes, S. M., Harwood, E. M., Spoont, M. R., Sayer, N. A., Gerould, H., & Murdoch, M. (2017). Experiences with VHA care: A qualitative study of U.S. women veterans with self-reported trauma histories. BMC Women's Health, 17 (1) (no pagination)(38).

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), 420-430. doi:10.1017/S1352465815000338

Niles, B. L., Mori, D. L., Polizzi, C. P., Kaiser, A. P., Ledoux, A. M., & Wang, C. (2016). Feasibility, qualitative findings and satisfaction of a brief Tai Chi mind-body programme for veterans with post-traumatic stress symptoms. BMJ Open, 6 (11) (no pagination)(e012464).

Palmer, S., Stalker, C., Gadbois, S., & 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, K., Acosta, M. C., Fuentes, J., Lantinga, L. J., Marsch, L. A., Maisto, S. A., . . . Rosenblum, A. (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, K., Kuhn, E., Johnson, E. M., Hoffman, J. E., & Brooks, E. (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, A., Dorsey, C.S., Swaidan, V.R., & Storch, E.A. (2015). Parents and children's perception of parent-led Trauma-Focused Cognitive Behavioral Therapy. Child Abuse & Neglect 40, 12-23.

Salloum, A., Swaidan, V. R., Torres, A. C., Murphy, T. K., & Storch, E. A. (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, 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, K. M., & Beck, B. D. (2017). Guided Imagery and Music with female military veterans: An intervention development study. Arts in Psychotherapy, 55, 93-102.

Taylor, B., (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. doi.org/10.1016/j.jpainsymman.2012.10.281

Tharp, A. T., Sherman, M., Holland, K., Townsend, B., & Bowling, U. (2016). A qualitative study of male veterans' violence perpetration and treatment preferences. Military medicine, 181(8), 735-739.

Valentine, S. E., Dixon, L., Borba, C. P., Shtasel, D. L., & Marques, L. (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, F., Jenkins, H., Larkin, M., & 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, J., Liang, B., & 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.

Whealin, J. M., Jenchura, E. C., Wong, A. C., & Zulman, D. M. (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.

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.

Study ID	Reason for exclusion	Ref 1
Cook 2013	Population outside scope: Studies of experience from perspective of health/social care professional/practitioner	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.
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	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
	health/social care professional/practitioner	
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.

Study ID	Reason for exclusion	Ref 1
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.
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.

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.
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).

Study ID	Reason for exclusion	Ref 1
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.
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.

Study ID	Reason for exclusion	Ref 1
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.
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.

Study ID	Reason for exclusion	Ref 1
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).
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	Samuelson, K. W., et al. (2014). "Web-based PTSD training for primary care providers: a pilot study." Psychological Services 11(2): 153-161.

Study ID	Reason for exclusion	Ref 1
	health/social care professional/practitioner	
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.
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.

Study ID	Reason for exclusion	Ref 1
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.
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.

Study ID	Reason for exclusion	Ref 1
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.
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.

Study ID	Reason for exclusion	Ref 1
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.
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.

Study ID	Reason for exclusion	Ref 1
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.