**Supplemental Table 1. Summary Table of Studies Included**

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| **Study** | **Type of study** | **Intervention**  **and timing of delivery** | **Control** | **Intervention targetted at parents/ children** | **Child age range** | **Final sample size analysed** | **Attrition** | **Outcomes measured** | **When outcome measured** | **Effect size** | **Key results** |
| **Bouvé et al (10)** | RCT | Transfer preparation letter and 10 min verbal explanation given re. expected changes in level of care (between PICU and general paediatric ward) prior to transfer | TAU (treatment as usual) – informed of transfer immediately beforehand | Both parents and siblings | 1 week – 12 yrs | 50 | n/a | Parental anxiety (STAI – State Trait Anxiety Inventory)  Self report | 1-2h before transfer (after intervention delivered) | Not reported | Intervention parents had lower anxiety 1-2h before transfer than control parents |
| **Melnyk et al (11)** | RCT | 3 phase preventative educational-behavioural intervention programme delivered during PICU admission (phase 1), during general paediatric ward admission (phase 2) and 2-3 days after discharge (phase 3). Intervention included audiotapes, written information and an activity workbook for the parents and children to complete. | Structually equivalent control programme covering non- therapeutic neutral topics such as audio and written information about the ward services and policies | Mothers and children | 2-7 | 163 | 58.2% attrition at 1 yr | State Anxiety Inventory, Profile of mood states, Parental stressor scale:PICU (PSS:PICU), post hospitalisation stress index for parent and children, parental beliefs scale and Behavioural Assessment Scale for Children  Self report and nurse report | 1,3,6,12 months after discharge | –Up to 0.49 in parents with PTSD symptoms  Up to 0.62 in children with externalising behaviours | Intervention mothers reported less parental stress, participated more in their child’s physical and emotional care. Intervention mothers reported less negative mood state, less depression, fewer PTSD symptoms, stronger beliefs about how to support their child. Intervention children had fewer negative behavioural symptoms, less hyperactivity, and greater adaptability. |
| **Colville, Cream and Kerry (12)** | RCT | Follow up clinic 2 months after discharge from PICU which aimed to deliver psychoeducation to parents regarding the range of behaviours and emotions children tend to display during and after admission, and also to encourage direct parental participation in their child’s emotional and physical care. | TAU (no follow up) | Both parents | 0-16 | 105 | 25% attendance rate for those offered follow up appt  (and 30% attrition at 5 months) | Baseline stress, post traumatic stress, anxiety and depression  Self report | 5 months after discharge | Not reported | No significant difference in post-traumatic stress, anxiety and depression. However parents with higher baseline stress reported significantly lower rates of post traumatic stress and depression if they attended follow up clinic. |
| **Study** | **Type of study** | **Intervention**  **and when delivered** | **Control** | **Intervention targetted at parents/ children** | **Child age range** | **Final sample size analysed** | **Attrition** | **Outcomes measured** | **When outcome measured** | **Effect size** | **Key results** |
| **Gledhill et al. (13)** | Feasibility study | Joint paediatric/ psychiatric follow up clinic 6 weeks after PICU discharge. This consisted of psychoeducation about expected emotional and behavioural difficulties after discharge, advice for parents to support their child’s psychological recovery, screening for psychiatric disorders and providing written information about possible problems that could arise and how to manage them. | n/a | Both parents and children | 8-14 | 4 | 4 out of 12 eligible families attended | SDQ (Strengths and Difficulties Questionnaire), GHQ (General Health Questionnaire and IES (Impact of Events scale)  Self report | 3 months after discharge | Not reported | Feasibility of intervention was supported. All families who attended reported child and parent PTSD symptoms as well as child problems including anxiety and sleep disturbance |
| **Als et al., (15)** | RCT Feasibility study | Information booklet with psychoeducation about expected child reactions after PICU admission, how parents can recognise and support their child with this, as well as sign-posting to appropriate follow up services if relevant. Booklet given to family after discharge, in addition to a further follow up phone call. | TAU | Both parents | 4-16 | 23 | 18% attrition | Feasibility criteria, IES-8, SDQ, CSHQ (Child sleep habits Questionnaire), IES, HADS (Hospital Anxiety and Depression scale), PSS:PICU and teacher rating of child education progress  Self report | 3-6 months after discharge from PICU | Not reported | Intervention found to be feasible. Parents in intervention group had fewer PSTD symptoms. Findings suggest that intervention may only be beneficial for parents with high stress at baseline. |
| **Samuel et al. (14)** | RCT Feasibility study | 2 month follow up clinic offered to parents considered at high risk of developing PTSD from screening | TAU (no follow up) | Both parents | Not known (IQR 0.16-4.50) | 145 | 37% attendance rate for those offered follow up appt (and 25% attrition at 6 months) | HADS, PAS(Post-Traumatic Adjustment Screen), IES-R (Impact of Event Scale Revised)  Self report | 6 months after discharge from PICU | 0.209 or anxiety 0.254 for depression | No significant difference in PTSD symptoms, but small effect sizes in favour of intervention for depression and anxiety scores. |