Supplementary Materials 1. Additional content relating to Chapter 2: Review 1

Table 1: Review 1 inclusion and exclusion criteria

Criteria	Specification
Population	Include if: ○ Participants aged 25 years old or younger. ○ Include samples if young adults' data for the 18-25 year old subsample may be retrievable. ○ Participants all diagnosed as having any long term physical health condition. ○ Long term physical health conditions are defined as diagnosed physical health conditions, with an expected duration of at least three months, where cure is considered unlikely, causing limitations in ordinary activities and necessitating medical care or related services beyond what is usual for age in question. ○ Long term conditions may also be referred to as chronic illness/disease/conditions or complex health needs. ○ Participants either have a mental health disorder or symptoms of mental ill health at baseline. ○ Children and young people may have an existing diagnosis of a mental health disorder or are diagnosed through use of a standardised and validated measure as part of a study's recruitment. ○ If participants do not have a mental health diagnosis, they will have elevated symptoms of mental ill health or be at risk of a diagnosis at baseline where participants score above an established cut point on a validated measure. ○ 'At risk' samples may be identified on scales that measure mental health symptoms in relation to a particular disorder or

	more generally. o Include if either the sample as a whole (i.e. sample mean) is at risk of diagnosis or indicating mental distress or all individuals within a sample are approaching a cut-off. Exclude if: o Long term condition is obesity, due to previous review focused on this topic. o Majority of participants have moderate or severe learning/intellectual disabilities (i.e. IQ < 70).
Intervention	Include if: o Any intervention including non-pharmacological and pharmacological. o Intervention aims to improve mental health of child/young person. o Intervention targets mental health of children and young people directly (i.e. children and young people are recipients) or indirectly (e.g. parenting interventions). Exclude if: o Intervention does not aim to improve mental health of children and young people. o Intervention is focused on treatment/procedural anxiety, but treatment is not for long term physical condition.
Comparator	Include if: o Studies include a comparator group that some participants are randomly allocated to. o Comparator includes any type of control group or treatment comparator.
Outcomes	Include if: o At least one outcome measures the mental health of children and young people participating. o Examples of outcome measures include: symptoms of

	depression (e.g. Center for Epidemiological Studies. Depression Scale for Children), anxiety (e.g. Screen for Child Anxiety Related Disorders), emotional distress (e.g. The Pediatric Emotional Distress Scale), behavioural disorders (e.g. Behavior Assessment System for Children), wellbeing (e.g. The Development and Well-Being Assessment), suicidal behaviour (e.g. Child-Adolescent Suicidal Potential Index), health related quality of life (e.g. Pediatric Quality of Life Inventory), sleep quality (e.g. Sleep Disturbance Scale for Children) and incidence of self-harm. o Any economic outcomes including cost-effectiveness. o Any other outcomes including, but not limited to: impact on family, adherence with treatment for the long term physical health condition, attendance at school, fidelity included only if there is a CYP mental health outcome.
Study design	Include if: o Randomised controlled trials only. o For the assessment of cost-effectiveness, include economic analyses and comparative cost effectiveness studies of interventions that meet other inclusion criteria.
Other	Include if: o Published at any time in any language.

Table 2. Reasons for exclusion at full text screening: Review 1.

Record	Reason for exclusion
Abd-Elshafy SK, Khalaf GS, Abo-Kerisha MZ, Ahmed NT, El-Aziz MAA, Mohamed MA. Not All Sounds Have Negative Effects on Children Undergoing Cardiac Surgery. Journal of Cardiothoracic and Vascular Anesthesia. 2015;29(5):1277-84.	Sample do not all have current LTC
Alemi M, Ghanbarzadeh A, Meghdari A, Moghadam LJ. Clinical application of a humanoid robot in pediatric cancer interventions. International Journal of Social Robotics. 2015:No Pagination Specified.	Could not assess mental health at baseline
Alemi M, Meghdari A, Ghanbarzadeh A, Moghadam LJ, Ghanbarzadeh A. Impact of a Social Humanoid Robot as a Therapy Assistant in Children Cancer Treatment. In: Beetz M, Johnston B, Williams MA, editors. Social Robotics. Lecture Notes in Artificial Intelligence. 87552014. p. 11-22.	Could not assess mental health at baseline
Ambrosino JM, Fennie K, Whittemore R, Jaser S, Dowd MF, Grey M. Short-term effects of coping skills training in school-age children with type 1 diabetes. Pediatric Diabetes. 2008;9(3 PART 2):74-82.	Could not assess mental health at baseline
Anonymous. 10th International Congress on Adolescent Health. Turkish Archives of Pediatrics. 2013;48:1.	Not primary research
Anonymous. 15th Annual Meeting of the European Association for Consultation-Liaison Psychiatry and Psychosomatics, EACLPP and 29th European Conference on Psychosomatic Research, ECPR. Journal of Psychosomatic Research Conference: 15th Annual Meeting of the European Association for Consultation Liaison Psychiatry and Psychosomatics, EACLPP and 29th European Conference on Psychosomatic Research, ECPR Aarhus Denmark Conference Start. 2012;72(6).	Not primary research
Anonymous. 16th Annual Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism Professional Conference and Annual Meetings. Canadian Journal of Diabetes Conference: 16th Annual Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism Professional Conference and Annual Meetings Montreal, QC Canada Conference Start. 2013;37(no pagination).	Not primary research
Anonymous. 2013 Annual Meeting of the American College of Allergy, Asthma and Immunology. Annals of Allergy, Asthma and Immunology Conference. 2013;111(5 SUPPL. 1).	Full text not retrievable
Anonymous. American Society of Hypertension, Inc. Twenty-Fifth Annual Scientific Meeting and Exposition. Journal of Clinical Hypertension Conference: 25th Annual Scientific Meeting and Exposition of the American Society of Hypertension, Inc New York, NY United States Conference Start. 2010;12(no pagination).	Not primary research
Anonymous. EuroPRevent 2010. European Journal of Cardiovascular Prevention and Rehabilitation Conference: EuroPRevent. 2010;17(no pagination).	Not primary research
Anonymous. Program and Abstracts for the 2014 Meeting of the Society for Inherited Metabolic Disorders, Society for Inherited Metabolic Disorders. Molecular Genetics and Metabolism Conference. 2014;111(3).	Not primary research
Anonymous. Singapore Health and Biomedical Congress, SHBC 2013. Annals of the Academy of Medicine Singapore Conference: Singapore Health and Biomedical Congress, SHBC. 2013;42(pp S1).	Not primary research
Antropov YF. Algesic manifestations of depression in children and adolescents. Zhurnal Nevropatologii I Psikhiatrii Imeni S S Korsakova. 1999;99(3):12-5.	Full text not retrievable

Arnold LM, Bateman L, Palmer RH, Lin Y. Preliminary experience using milnacipran in patients with juvenile fibromyalgia: Lessons from a clinical trial program. Pediatric Rheumatology. 2015;13 (1) (no pagination)(27).	Mental health not elevated at baseline
Aydin T, Sahin L, Algin C, Kabay S, Yucel M, Hacioglu A, et al. Do not mask the mask: use it as a premedicant. Pediatric Anesthesia. 2008;18(2):107-12.	Sample do not all have current LTC
Baider L, Kaplan De-Nour A. Group therapy with adolescent cancer patients. J Adolesc Health Care 1989; 10(1):35–38.	Not an RCT
Barrera M, Hancock K, Alam R, Johnston D, Cataudella D, Cassidy M, et al. Changes in children's quality of life six months after being diagnosed with cancer: Preliminary results on the effect of early psychosocial risk identification. Pediatric Blood and Cancer. 2012;59 (6):983.	Mental health not elevated at baseline
Barrera M, Hancock K, Alam R, Punnett A. Behavioral changes in children's diagnosed with cancer six months after early psychosocial risk screening: Preliminary results. Asia-Pacific Journal of Clinical Oncology. 2012;8:137.	Could not assess mental health at baseline
Barry P, O'Callaghan C, Wheeler G, Grocke D. Music therapy CD creation for initial pediatric radiation therapy: A mixed methods analysis. Journal of Music Therapy. 2010;47(3):233-63.	Mental health not elevated at baseline
Baskin ML. A psychoeducational group intervention for adolescents diagnosed with sickle cell disease (SCD). Dissertation Abstracts International: Section B: The Sciences and Engineering. 2000;60(12-B):6353.	Mental health not elevated at baseline
Baskin, M. L., Collins, M. H., Kaslow, N. J., & Hsu, L. (2002). A Psychoeducational Group Intervention for Adolescents Diagnosed with Sickle Cell Disease. Phylon (1960-), 71-86.	Mental health not elevated at baseline
Batysheva TT, Platonova AN, Chebanenko NV, Bykova OV. [Management of cognitive impairment in children and adolescents with cerebral palsy treated with pantocalcin]. [Russian]. Zhurnal nevrologii i psikhiatrii imeni SS. 2013;Korsakova / Ministerstvo zdravookhraneniia i meditsinskoi promyshlennosti Rossiiskoi Federatsii, Vserossiiskoe obshchestvo nevrologov [i] Vserossiiskoe obshchestvo psikhiatrov. 113(9):48-53.	Full text not retrievable
Beebe A, Bender B. A randomized trial to test the effectiveness of art therapy for children with asthma. Journal of Allergy and Clinical Immunology. 2009;1):S64.	Not enough information to determine inclusion
Beebe, A., Gelfand, E. W., & Bender, B. (2010). A randomized trial to test the effectiveness of art therapy for children with asthma. Journal of Allergy and Clinical Immunology, 126(2), 263-266. e261.	Could not assess mental health at baseline
Belsky J, Khanna P. The effects of self-hypnosis for children with cystic fibrosis: A pilot study. American Journal of Clinical Hypnosis. 1994;36(4):282-92.	Not an RCT
Binder G, Weber S, Ehrismann M, Zaiser N, Meisner C, Ranke MB, et al. Effects of dehydroepiandrosterone therapy on pubic hair growth and psychological well-being in adolescent girls and young women with central adrenal insufficiency: A double-blind, randomized, placebo-controlled phase III trial. Journal of Clinical Endocrinology and Metabolism. 2009;94(4):1182-90.	Mental health not elevated at baseline
Blixen CE, Hammel JP, Murphy D, Ault V. Feasibility of a nurse-run asthma education program for urban African-Americans: A pilot study. Journal of Asthma. 2001;38(1):23-32.	Older Sample
Bouzoukis CE. Fairy tales in the treatment of chronically-ill children. Dissertation Abstracts International Section A: Humanities and Social Sciences. 1999;60(6-A):1833.	Not an RCT
Bradt J, Potvin N, Kesslick A, Shim M, Radl D, Schriver E, et al. The impact of music therapy versus music medicine on	Older Sample

psychological outcomes and pain in cancer patients: a mixed methods study. Supportive Care in Cancer. 2015;23(5):1261-71.	
Brown FL, Whittingham K, McKinlay L, Boyd RN, Sofronoff K. The efficacy of a parenting programme for improving child and parenting outcomes following paediatric acquired brain injury. Developmental Medicine and Child Neurology. 2014;56:41.	Not enough information to determine inclusion
Brown RT, Shaftman SR, Tilley BC, Anthony KK, Kral MC, Maxson B, et al. The health education for lupus study: a randomized controlled cognitive-behavioral intervention targeting psychosocial adjustment and quality of life in adolescent females with systemic lupus erythematosus. Am J Med Sci. 2012;344(4):274-82.	Mental health not elevated at baseline
Brown, F. L., Whittingham, K., & Sofronoff, K. (2015). Parental experiential avoidance as a potential mechanism of change in a parenting intervention for parents of children with pediatric acquired brain injury. *Journal of pediatric psychology*, *40*(4), 464-474.	All findings reported in previously included paper
Brown, F. L., Whittingham, K., Sofronoff, K., & Boyd, R. N. (2013). Parenting a child with a traumatic brain injury: Experiences of parents and health professionals. Brain injury, 27(13-14), 1570-1582.	Not an RCT
Bufalini A. The effect of live music on oncological paediatric patients during painful procedures. European Journal of Integrative Medicine. 2012;4:111.	Not enough information to determine inclusion
Burke SO, Handley-Derry MH, Costello EA, Kauffmann E, Dillon MC. Stress-point intervention for parents of repeatedly hospitalized children with chronic conditions. Research in nursing & health. 1997;20(6):475-85.	Could not assess mental health at baseline
Burns DS, Robb SL, Haase JE. Exploring the Feasibility of a Therapeu-tic Music Video Intervention in Adolescents and Young Adults DuringStem-Cell Transplantation. Cancer Nurs 2009;32(5):E8.	Could not assess mental health at baseline
Bussone, G., Grazzi, L., D'Amico, D., Leone, M., & Andrasik, F. (1998). Biofeedback-assisted relaxation training for young adolescents with tension-type headache: a controlled study. Cephalalgia, 18(7), 463-467.	Mental health not elevated at baseline
C. M. Colwell, K. Davis, and L. K. Schroeder, "The effect of composition (art or music) on the self-concept of hospitalized children," Journal of Music Therapy, vol. 42, no. 1, pp. 49–63, 2005	Could not assess mental health at baseline
Campbell LA, Kirkpatrick SE, Berry CC, Lamberti JJ. Preparing children with congenital heart disease for cardiac surgery. Journal of Pediatric Psychology. 1995;20(3):313-28.	Mental health not elevated at baseline
Capitulo KL. Music therapy to reduce pain and anxiety in children with cancer undergoing lumbar puncture: A randomized clinical trial. MCN: The American Journal of Maternal/Child Nursing. 2015;40(4):268.	Not primary research
Cechvala MM, Christenson D, Eickhoff JC, Hollman GA. Sedative preference of families for lumbar punctures in children with acute leukemia: Propofol alone or propofol and fentanyl. Journal of Pediatric Hematology/Oncology. 2008;30(2):142-7.	Could not assess mental health at baseline
Celasin NS, Basbakkal Z, Demir G, Goksen D, Darcan S. The effect of consulting via internet on fear of hypoglycemia and metabolic control in adolescents with type 1 diabetes. Pediatric Diabetes. 2010;11:75.	Not enough information to determine inclusion
Céspedes-Knadle YM, Muñoz CE. Development of a Group Intervention for Teens With Type 1 Diabetes. Journal for Specialists in Group Work. 2011;36(4):278-95 18p.	Not primary research
Chaitha W, Jiraphongsa C, Khumthong S, Lili L, Sung-Jae L, Isaranun W. Effectiveness of psycho-education in a family-to-family program on family relationships and emotional quotient of adolescents in HIV families in Thailand. Journal of the	Not enough information to determine inclusion

International AIDS Society [Internet]. 2012; Conference: 19th International AIDS Conference Washington, DC United States. Conference Start: 20120722 Conference End: 20120727. Conference Publication:(var.pagings):[172 p.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/961/CN-00990961/frame.html.	
Chalder2010Family-focused cognitive behaviour therapy versus psycho-education for chronic fatigue syndrome in 11- to 18-year-olds: a randomized controlled treatment trial.	Intervention not targeting child mental health
Chen E, Craske MG, Katz ER, Schwartz E, Zeltzer LK. Pain-sensitive temperament: Does it predict procedural distress and response to psychological treatment among children with cancer? Journal of Pediatric Psychology. 2000;25(4):269-78.	No child mental health outcome
Chen E. Painful medical procedures in children with cancer: The impact of reframing previous experiences in distress. Dissertation Abstracts International: Section B: The Sciences and Engineering. 1999;59(9-B):5075.	Could not assess mental health at baseline
Chernoff RG, Ireys HT, Devet KA, Kim YJ. A randomized, controlled trial of a community-based support program for families of children with chronic illness: Pediatric outcomes. Archives of Pediatrics and Adolescent Medicine. 2002;156(6):533-9.	Mental health not elevated at baseline
Chiang LC, Ma WF, Huang JL, Tseng LF, Hsueh KC. Effect of relaxation-breathing training on anxiety and asthma signs/symptoms of children with moderate-to-severe asthma: A randomized controlled trial. International Journal of Nursing Studies. 2009;46(8):1061-70.	Could not assess mental health at baseline
Christian BJ, D'Auria JP. Building life skills for children with cystic fibrosis: Effectiveness of an intervention. Nurs Res. 2006;55(5):300-7.	Could not assess mental health at baseline
Christie D, Thompson R, Sawtell M, Allen E, Cairns J, Smith F, et al. Structured, intensive education maximising engagement, motivation and long-term change for children and young people with diabetes: A cluster randomised controlled trial with integral process and economic evaluation - The CASCADE study. Health Technology Assessment. 2014;18(20):1-202.	Mental health not elevated at baseline
Cluver L. Peer group support intervention reduces psychological distress in AIDS orphans. Evidence Based Mental Health. 2009;12(4):120- 1p.	Sample do not all have current LTC
Colland VT. Learning to cope with asthma: A behavioural self-management program for children. Patient Education and Counseling. 1993;22(3):141-52.	Intervention not targetting child mental health
Colquhoun E, Drury MI, Cregan D, Keenan P, et al. Group work with diabetic adolescents. Irish Journal of Psychological Medicine. 1988;5(1):37-40.	Not an RCT
D'Souza PJ, Lumley MA, Kraft CA, Dooley JA. Relaxation training and written emotional disclosure for tension or migraine headaches: a randomized, controlled trial. Ann Behav Med 2008; 36 :21 – 32. http://dx.doi.org/10.1007/s12160-008-9046-7	No child mental health outcome
Davia S, Cheng YI, Wang J, D'Angelo L, Lyon ME. How are you feeling? Assessing the agreement between HIV+ adolescents' reports of quality of life with their families'. Journal of adolescent health [Internet]. 2014; 54(2 suppl. 1):[S58-s9 pp.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/603/CN-01061603/frame.html	Not enough information to determine inclusion
Davis, G. R., Armstrong, H. E., Donovan, D. M., & Temkin, N. R. (1984). Cognitive-behavioral treatment of depressed affect among epileptics: Preliminary findings. Journal of clinical psychology, 40(4), 930-935.	Older Sample
de Wit M, Delemarre-van de Waal HA, Bokma JA, Haasnoot K, Houdijk MC, Gemke RJ, et al. Follow-up results on monitoring and discussing health-related quality of life in adolescent diabetes care: benefits do not sustain in routine practice.	Mental health not elevated at baseline

Pediatric Diabetes. 2010;11(3):175-81.	
De Wit M, Delemarre-van De Waal HA, Bokma JA, Haasnoot K, Houdijk MC, Gemke RJ, et al. Monitoring and discussing health-related quality of life in adolescents with type 1 diabetes improve psychosocial well-being: A randomized controlled trial. Diabetes Care. 2008;31(8):1521-6.	Mental health not elevated at baseline
De Wit M, Delemarre-van De Waal HA, Bokma JA, Haasnoot K, Houdijk M, Gemke RJBJ, et al. Evaluation and discussion of the quality of life in adolescents with diabetes mellitus types 1. [Dutch]. Tijdschrift voor Kindergeneeskunde. 2008;76(4):180-9.	Mental health not elevated at baseline
Denborough P, Kinsella S, Stevens J, Lubitz L. Evaluation of a multidisciplinary inpatient rehabilitation programme for adolescents with chronic fatigue syndrome. Australasian Psychiatry. 2003;11(3):319-24.	Not an RCT
Detling Miller NJ. The effects of anxiety reduction techniques on anxiety and blood glucose control in adolescent athletes with type 1 diabetes. Dissertation Abstracts International Section A: Humanities and Social Sciences. 2008;68(11-A):4646.	Mental health not elevated at baseline
Dewhurst E, Novakova B, Reuber M. A prospective service evaluation of acceptance and commitment therapy for patients with refractory epilepsy. Epilepsy and Behavior. 2015;46:234-41.	Older Sample
Dijk-Lokkart, E. M., Braam, K. I., Dulmen-den Broeder, E., Kaspers, G. J., Takken, T., Grootenhuis, M. A., . . . den Heuvel-Eibrink, M. M. (2015). Effects of a combined physical and psychosocial intervention program for childhood cancer patients on quality of life and psychosocial functioning: results of the QLIM randomized clinical trial. Psycho-Oncology.	Could not assess mental health at baseline
D'Souza2008Relaxation Training and Written Emotional Disclosure for Tension or Migraine Headaches: A Randomized, Controlled Trial	No child mental health outcome
Duberg A, Hagberg L, Sunvisson H, Moller M. Influencing self-rated health among adolescent girls with dance intervention: a randomized controlled trial. Jama, Pediatr. 2013;167(1):27-31.	Sample do not all have current LTC
Dubnov-Raz G, Azar M, Reuveny R, Katz U, Weintraub M, Constantini NW. Changes in fitness are associated with changes in body composition and bone health in children after cancer. Acta Paediatr. 2015;104(10):1055-61.	Not an RCT
Dulfer K, Duppen N, Blom NA, Van Domburg RT, Helbing WA, Verhulst FC, et al. Effects of exercise training on behavioral and emotional problems in adolescents with tetralogy of Fallot or a Fontan circulation: a randomized controlled trial. Int J Cardiol. 2014;172(3):e425-7.	Sample do not all have current LTC
Dunn Galvin A, Kelleher M, Hourihane JO. Evidence-based efficacy of a cognitive behavioural therapeutic intervention in children with food allergy. Allergy: European Journal of Allergy and Clinical Immunology. 2013;68:65.	Not enough information to determine inclusion
Eccleston C, Merlijn V, Hunfeld JAM, Walco GA. Translating evidence for psychological interventions to manage recurrent pain and chronic pain in children and adolescents: Three trials. Dostrovsky JO, Carr DB, Koltzenburg M, editors2003. 853-63 p.	Could not assess mental health at baseline
Ellis DA, Frey MA, Naar-King S, Templin T, Cunningham PB, Cakan N. The effects of multisystemic therapy on diabetes stress among adolescents with chronically poorly controlled type 1 diabetes: Findings from a randomized, controlled trial. Pediatrics. 2005;116(6):e826-e32.	Mental health not elevated at baseline
Ellis DA, Naar-King S, Arfken C, Cunningham P, Moltz K, Carcone A. High-risk youth with diabetes need home-based	No child mental health

behavioral interventions. Diabetes Conference: 70th Scientific Sessions of the American Diabetes Association Orlando, FL United States Conference Start. 2010(pagination).	outcome
Ellis J, McCarthy P, Gosselin P, Splinter W. Intravenous sedation for control of distress during lumbar punctures for pediatric cancer patients. Pain Research and Management. 2000;5(2):141-7.	Could not assess mental health at baseline
Esmaeili L, Abedi MR, Najafi MR, Aminjafari A, Afsar F, Moghtadaei M. Effectiveness of emotion regulation on anxiety, insomnia and social dysfunction of epileptic adolescent girls. Iranian Journal of Psychiatry. 2012;1):3.	Not enough information to determine inclusion
Fanurik D, Koh JL, Schmitz ML. Distraction techniques combined with EMLA: Effects on IV insertion pain and distress in children. Children's Health Care. 2000;29(2):87-101.	Could not assess mental health at baseline
Faritus SZ, Khazaee-Koohpar M, Ziyaeifard M, Mehrabanian MJ. Oral dexmedetomidine versus midazolam as anesthetic premedication in children undergoing congenital heart surgery. Anesthesiology and Pain Medicine. 2015;5 (3) (no pagination)(e25032).	Mental health not elevated at baseline
Farrell J, Cope SB, Cooper JH, Mathias L. Godly play: an intervention for improving physical, emotional, and spiritual responses of chronically ill hospitalized children. The journal of pastoral care & counseling : JPCC. 2008;62(3):261-71.	Could not assess mental health at baseline
Fedele DA, Hullmann SE, Chaffin M, Kenner C, Fisher MJ, Kirk K, et al. Impact of a parent-based interdisciplinary intervention for mothers on adjustment in children newly diagnosed with cancer. Journal of pediatric psychology. 2013;38(5):531-40.	Mental health not elevated at baseline
Field T, Cullen C, Diego M, Hernandez-Reif M, Sprinz P, Beebe K, et al. Leukemia immune changes following massage therapy. Journal of Bodywork & Movement Therapies. 2001;5(4):271-4 4p.	Mental health not elevated at baseline
Field T, Cullen C, Diego M, Hernandez-Reif M, Sprinz P, Kissell B, et al. Leukemia immune changes following massage therapy. Massage Therapy Journal. 2003;41(4):[58-67 8p.	Mental health not elevated at baseline
Field T, Henteleff T, Hernandez-Reif M, Martinez E, Mavunda K, Kuhn C, et al. Children with asthma have improved pulmonary functions after massage therapy. J Pediatr. 1998;132(5):854-8.	Mental health not elevated at baseline
Field T, Hernandez-Reif M, Seligman S, Krasnegor J, Sunshine W, Rivas-Chacon R, et al. Juvenile rheumatoid arthritis: Benefits from massage therapy. Journal of Pediatric Psychology. 1997;22(5):607-17.	Could not assess mental health at baseline
Field, T., Hernandez-Reif, M., LaGreca, A., Shaw, K., Schanberg, S., & Kuhn, C. (1997). Massage therapy lowers blood glucose levels in children with diabetes. Diabetes Spectrum, 10, 237-239.	Not primary research
Firoozi M. Attention bias modification therapy (ABMT) as a modern technique for pain management in children with cancer. Pediatric Blood and Cancer. 2014;61:S250.	Not enough information to determine inclusion
Fisher LPHDA, Hessler DPHD, Glasgow REPHD, Arean PAPHD, Masharani UMD, Naranjo DPHD, et al. REDEEM: A Pragmatic Trial to Reduce Diabetes Distress. Diabetes Care. 2013;36(9):2551.	Older Sample
Forsius H, Jansson R, Jarvinen P, Piilinen HO, Akerblom HK. Individual psychotherapy and intensified education in the habilitation of diabetic children: A comparative study. Nordisk Psykiatrisk Tidsskrift. 1985;39(4):299-306.	Not an RCT
Forster J, Landry A, Meldrum L, Kirsch SE. The influence of a friend's participation in a one month psychoeducational group program for adolescent girls with type 1 diabetes. Pediatric diabetes [Internet]. 2014; 15:[122 p.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/069/CN-01057069/frame.html	Not enough information to determine inclusion

Fredriksen PM, Kahrs N, Blaasvaer S, Sigurdsen E, Gundersen O, Roeksund O, et al. Effect of physical training in children and adolescents with congenital heart disease. Cardiology in the young. 2000;10(2):107-14.	Not an RCT
Friedman AG, Mulhern RK, Fairclough D, Ward PM, Baker D, Mirro J, et al. Midazolam premedication for pediatric bone marrow aspiration and lumbar puncture. Medical and Pediatric Oncology. 1991;19(6):499-504.	Intervention not targetting child mental health
Froehlich MA, "A comparison of the effect of music therapy and medical play therapy on the verbalization behavior of pediatric patients," Journal ofMusic Therapy, vol. 21, no. 1, pp.2–15, 1984.	No child mental health outcome
Gershon J, Zimand E, Pickering M, Rothbaum BO, Hodges L. A pilot and feasibility study of virtual reality as a distraction for children with cancer. Journal of the American Academy of Child and Adolescent Psychiatry. 2004;43(10):1243-9.	Mental health not elevated at baseline
Gold JI, Kim SH, Kant AJ, Joseph MH, Rizzo AS. Effectiveness of virtual reality for pediatric pain distraction during i.v. placement. Cyberpsychol Behav. 2006;9(2):207-12.	Mental health not elevated at baseline
Goldberg A, Stauber T, Peleg O, Hanuka P, Eshayek L, Confino-Cohen R. Medical clowns ease anxiety and pain perceived by children undergoing allergy prick skin tests. Allergy: European Journal of Allergy and Clinical Immunology. 2014;69(10):1372-9.	Mental health not elevated at baseline
Goncalves RC, Nunes MPT, Cukier A, Stelmach R, Martins MA, Carvalho CRF. Effects of an aerobic physical training program on psychosocial characteristics, quality-of-life, symptoms and exhaled nitric oxide in individuals with moderate or severe persistent asthma. Revista Brasileira De Fisioterapia. 2008;12(2):127-35.	Older Sample
Goodenough B, Kampel L, Champion GD, Laubreaux L, Nicholas MK, Ziegler JB, et al. An investigation of the placebo effect and age-related factors in the report of needle pain from venipuncture in children. Pain. 1997;72(3):383-91.	Mental health not elevated at baseline
Grasso MC, Button BM, Allison DJ, and Sawyer SM, "Benefits of music therapy as an adjunct to chest physiotherapy in infants and toddlers with cystic fibrosis," Pediatric Pulmonology, vol. 29, no. 5, pp. 371–381, 2000.	No child mental health outcome
Graue M, Wentzel-Larsen T, Hanestad BR, Sovik O. Evaluation of a programme of group visits and computer-assisted consultations in the treatment of adolescents with Type 1 diabetes. Diabetic Medicine. 2005;22(11):1522-9.	Mental health not elevated at baseline
Gregory JW, Lowes LM, Townson J, Robling M, Hood K, Channon S, et al. Delivering Early Care In Diabetes Evaluation (the DECIDE study): The effect of hospital versus home management at diagnosis in childhood diabetes on psychological, social, physical and economic outcomes. Pediatric Diabetes. 2014;15:32-3.	Not enough information to determine inclusion
Grey M, Boland EA, Davidson M, Yu C, Sullivan-Bolyai S, Tamborlane WV. Short-term effects of coping skills training as adjunct to intensive therapy in adolescents. Diabetes Care. 1998;21(6):902-8.	Mental health not elevated at baseline
Grey M, Whittemore R, Jaser S, Ambrosino J, Lindemann E, Liberti L, et al. Effects of coping skills training in school-age children with type 1 diabetes. Research in Nursing and Health. 2009;32(4):405-18.	Mental health not elevated at baseline
Grey M, Whittemore R, Jeon S, et al. (2013) Internet psycho-education programs improve outcomes in for youth with type 1 diabetes. Diabetes Care 36: 2475–2482.	Mental health not elevated at baseline
Grey, M., Boland, E. A., Davidson, M., Yu, C., & Tamborlane, W. V. (1999). Coping skills training for youths with diabetes on intensive therapy. Applied Nursing Research, 12(1), 3-12.	Mental health not elevated at baseline
Griffiths JD, Martin PR. Clinical- versus home-based treatment formats for children with chronic headache. British Journal of Health Psychology. 1996;1(Part 2):151-66.	Mental health not elevated at baseline

Gros M, Warschburger P. Chronic abdominal pain: Psychosocial strain and treatment-associated changes in coping. Verhaltenstherapie. 2013;23(2):80-9.	Mental health not elevated at baseline
Gros M, Warschburger P. Evaluation of a cognitive-behavioral pain management program for children with chronic abdominal pain: A randomized controlled study. International Journal of Behavioral Medicine. 2013;20(3):434-43.	Mental health not elevated at baseline
Gunay U, Polat S. The effect of family centred care on the anxiety levels of children with cancer and parents. Archives of Disease in Childhood. 2014;99:A539.	Not enough information to determine inclusion
Han C-K, Ssewamala FM, Wang JS-H. Family economic empowerment and mental health among AIDS-affected children living in AIDS-impacted communities: Evidence from a randomised evaluation in southwestern Uganda. Journal of Epidemiology and Community Health. 2013;67(3):225-30.	Sample do not all have current LTC
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Hashemi F, Asadi N, Beheshtipour N, Karimi M. The impact of educating parents of leukemic children on the patients' quality of life. Iranian Red Crescent Medical Journal. 2011;13(8):46-50.	Mental health not elevated at baseline
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Hechler T, Ruhe AK, Schmidt P, Hirsch J, Wager J, Dobe M, et al. Inpatient-based intensive interdisciplinary pain treatment for highly impaired children with severe chronic pain: Randomized controlled trial of efficacy and economic effects. Pain. 2014;155(1):118-28.	Intervention not targetting child mental health
Heden L, von Essen L, Frykholm P, Ljungman G. Low-Dose Oral Midazolam Reduces Fear and Distress During Needle Procedures in Children With Cancer. Pediatric Blood & Cancer. 2009;53(7):1200-4.	Intervention not targetting child mental health
Heiney SP, Ruffin J, Ettinger RS, Ettinger S. The effects of group therapy on adolescents with cancer. J Assoc Pediatr Oncol Nurses 1988;5(3):20–24.	Not an RCT
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Jeppesen JH, Herlin T, Christensen AE, Leegaard A, Thastum M. A waitlist controlled trial of the efficacy of a psychological treatment program for children with juvenile idiopathic arthritis and their parents. Annals of the Rheumatic Disease Conference: Annual European Congress of Rheumatology of the European League Against Rheumatism, EULAR. 2012;71(no pagination).	Not enough information to determine inclusion
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Johnson, Melissa R, et al. Anxiety Reduction Through Fantasy in Chronically Ill and Normal Children1980:[7 p.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/727/CN-00241727/frame.html.	Mental health not elevated at baseline
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Karwowski C, Srinath A, Newara M, Delaney P, Kirshner M, Ducharme P, et al. The effect of therapy on cost utilization in children with inflammatory bowel disease. Inflammatory Bowel Diseases. 2011;17:S10.	Not enough information to determine inclusion
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Kazak AE, Simms S, Barakat L, Hobbie W, Foley B, Golomb V, et al. Surviving cancer competently intervention program (SCCIP): a cognitive-behavioral and family therapy intervention for adolescent survivors of childhood cancer and their families. Family process. 1999;38(2):175-91.	Sample do not all have current LTC
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Kodra N, Gani H, Beqiri V, Bedalli F, Naco M, Doko P. Comparison of oral premedication between midazolam and clonidine on children that undergo urology surgery. European Journal of Anaesthesiology. 2013;30:157.	No child mental health outcome
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Kuttner L, Bowman M, Teasdale M. Psychological treatment of distress, pain, and anxiety for young children with cancer. Journal of Developmental and Behavioral Pediatrics. 1988;9(6):374-81.	Could not assess mental health at baseline
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Laurino RA, Barnabé V, Saraiva-Romanholo BM, Stelmach R, Cukier A, Nunes MPT. Respiratory rehabilitation: A physiotherapy approach to the control of asthma symptoms and anxiety. Clinics. 2012;67(11):1291-7.	Older Sample
Law EF, Beals-Erickson SE, Noel M, Claar R, Palermo TM. Pilot Randomized Controlled Trial of Internet-Delivered Cognitive-Behavioral Treatment for Pediatric Headache. Headache. 2015;55(10):1410-25.	Intervention not targetting child mental health
Leask Capitulo K. TOWARD EVIDENCE-BASED PRACTICE. Music Therapy to Reduce Pain and Anxiety in Children With Cancer Undergoing Lumbar Puncture: A Randomized Clinical Trial. MCN: The American Journal of Maternal Child Nursing. 2015;40(4):268- 1p.	Not primary research
Lemanek KL, Ranalli M, Lukens C. A randomized controlled trial of massage therapy in children with sickle cell disease. Journal of Pediatric Psychology. 2009;34(10):1091-6.	Mental health not elevated at baseline
Levy RL, Langer SL, Walker LS, Romano JM, Christie DL, Youssef N, et al. Cognitive-behavioral therapy for children with functional abdominal pain and their parents decreases pain and other symptoms. American Journal of Gastroenterology. 2010;105(4):946-56.	Intervention not targetting child mental health
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Lizasoain O, Polaino A. Reduction of anxiety in pediatric patients: Effects of a psychopedagogical intervention programme. Patient Education and Counseling. 1995;25(1):17-22.	Sample do not all have current LTC
Ljungman G, Gordh T, Sorensen S, Kreuger A. Lumbar puncture in pediatric oncology: Conscious sedation vs. general anesthesia. Medical and Pediatric Oncology. 2001;36(3):372-9.	Intervention not targetting child mental health
Ljungman G, Kreuger A, Andreasson S, Gordh T, Sorensen S. Midazolam nasal spray reduces procedural anxiety in children. Pediatrics. 2000;105(1 I):73-8.	Intervention not targetting child mental health
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Lommel K, Bandyopadhyay A, Martin C, Kapoor S, Crofford L. A pilot study of a combined intervention for management of juvenile primary fibromyalgia symptoms in adolescents in an inpatient psychiatric unit. International Journal of Adolescent Medicine and Health. 2011;23(3):193-7.	No child mental health outcome
Lowes L, Townson J, Robling M, Hood K, Channon S, Cohen D, et al. Delivering Early Care In Diabetes Evaluation: The DECIDE Study. Hospital versus Home management at diagnosis in childhood diabetes: A comparison of psychological, social, physical and economic outcomes. Diabetic Medicine. 2014;31:184.	Not enough information to determine inclusion
Lyon Maureen E, Jacobs S, Briggs L, Cheng Yao I, Wang J. A longitudinal, randomized, controlled trial of advance care planning for teens with cancer: Anxiety, depression, quality of life, advance directives, spirituality. Journal of Adolescent Health Journal of Adolescent Health Care [Internet]. 2013; 54(6):[710-7 pp.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/627/CN-01038627/frame.html	Mental health not elevated at baseline
Madden, J. R., Mowry, P., Gao, D., Cullen, P. M., & Foreman, N. K. (2010). Creative arts therapy improves quality of life for pediatric brain tumor patients receiving outpatient chemotherapy. Journal of Pediatric Oncology Nursing, 27, 133-145. doi:10.1177/1043454209355452	Could not assess mental health at baseline
Malboeuf-Hurtubise C, Achille M, Hardouin M, Vadnais M. Impact of a mindfulness-based randomized, wait-list controlled clinical trial intervention on mood, sleep and quality of life in teenagers with cancer. Psychosomatic Medicine. 2014;76 (3):A-30.	Not enough information to determine inclusion
Malboeuf-Hurtubise, C. A., Marie; Vadnais, Majorie. (2014). EFFECTS OF A MINDFULNESS-BASED WAIT-LIST CLINICAL TRIAL IN YOUTH WITH CANCER : RESULTS FROM FOLLOW-UP DATA AT SIX MONTHS ON MOOD, SLEEP AND QUALITY OF LIFE. Paper presented at the 35th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, Philadelphia.	Not enough information to determine inclusion
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and Family Studies, 1-10.	
Malboeuf-Hurtubise, C., Achille, M., Muise, L., Beauregard-Lacroix, R., Vadnais, M., & Lacourse, É. A Mindfulness-Based Meditation Pilot Study: Lessons Learned on Acceptability and Feasibility in Adolescents with Cancer. Journal of Child and Family Studies, 1-10.	Not an RCT
Manne, S. L., Redd, W. H., Jacobsen, P. B., Gorfinkle, K., Schorr, O., & Rapkin, B. (1990). Behavioral intervention to reduce child and parent distress during venipuncture. Journal of Consulting and Clinical Psychology, 58, 565-572.	Could not assess mental health at baseline
Mansson ME, Bjorkhem G, Wiebe T. The effect of preparation for lumbar puncture on children undergoing chemotherapy. Oncology nursing forum. 1993;20(1):39-45.	Could not assess mental health at baseline
Markowitz JC, Klerman GL, Clougherty KF, Spielman LA, Fishman B, Perry SW. Treatment of depressed HIV-positive patients - Conference abstract. 150th Annual Meeting of the American Psychiatric Association; 1997 May 17-22; San Diego, California, USA [Internet]. 1997. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/457/CN-00739457/frame.html.	Older Sample
Martin Munoz JC, Blanco Venzala M, Sevillano M. Treatment of anxiety and depression in diabetic adolescents using group techniques. Folia Neuropsiquiatrica. 1994;29(3):201-7.	Not an RCT
Martinovic´ Z˘ . Adjunctive behavioural treatment in adolescents and young adults with juvenile myoclonic epilepsy. Seizure 2001;10:42–7.	Not an RCT
Masia Warner C, Reigada LC, Fisher PH, Saborsky AL, Benkov KJ. CBT for anxiety and associated somatic complaints in pediatric medical settings: An open pilot study. Journal of Clinical Psychology in Medical Settings. 2009;16(2):169-77.	Not an RCT
McCormick M, Reed-Knight B, Lewis JD, Gold BD, Blount RL. Coping skills for reducing pain and somatic symptoms in adolescents with IBD. Inflammatory Bowel Diseases. 2010;16(12):2148-57.	Not an RCT
McCusker CG, Doherty NN, Molloy B, Rooney N, Mulholland C, Sands A, et al. A randomized controlled trial of interventions to promote adjustment in children with congenital heart disease entering school and their families. Journal of Pediatric Psychology. 2012;37(10):1089-103.	Mental health not elevated at baseline
McElligott MD. Expressive writing as an intervention for adolescents with sickle cell disease. Diss Abstr Int B 2006; 66 :6283.	Mental health not elevated at baseline
McElligott2006EXPRESSIVE WRITING AS AN INTERVENTION FOR ADOLESCENTS WITH SICKLE CELL DISEASE	Mental health not elevated at baseline
McIntyre LL. Parent training for young children with developmental disabilities: randomized controlled trial. Am J Ment Retard. 2008;113(5):356-68.	Sample do not all have current LTC
Mehling WE, Lown EA, Dvorak CC, Cowan MJ, Horn BN, Dunn EA, et al. Hematopoietic cell transplant and use of massage for improved symptom management: Results from a pilot randomized control trial. Evidence-based Complementary and Alternative Medicine. 2012;2012 (no pagination)(450150).	Could not assess mental health at baseline
Miller K, Rodger S, Bucolo S, Wang XQ, Kimble RM. [Multimodal distraction to relieve pain in children undergoing acute medical procedures]. Zhonghua Shao Shang Za Zhi. 2009;25(5):352-6.	Full text not retrievable

Moeini M, Taleghani F, Mehrabi T, Musarezaie A. Effect of a spiritual care program on levels of anxiety in patients with leukemia. Iran J Nurs Midwifery Res. 2014;19(1):88-93.	Older Sample
Moghanloo VA, Moghanloo RA, Moazezi M. Effectiveness of acceptance and commitment therapy for depression, psychological well-being and feeling of guilt in 7-15 years old diabetic children. Iranian Journal of Pediatrics. 2015;25 (4) (no pagination)(e2436).	Mental health not elevated at baseline
Morgan GJ, Craig B, Grant B, Sands A, Doherty N, Casey F. Home videoconferencing for patients with severe congential heart disease following discharge. Congenital Heart Disease. 2008;3(5):317-24.	No child mental health outcome
Murphy HR, Wadham C, Hassler-Hurst J, et al. (2012) Randomized trial of a diabetes self-management education and family teamwork intervention in adolescents with type 1 diabetes. Diabetic Medicine 29: e249–e254.	Could not assess mental health at baseline
Naar-King S, Parsons JT, Murphy D, Kolmodin K, Harris DR. A Multisite Randomized Trial of a Motivational Intervention Targeting Multiple Risks in Youth Living With HIV: Initial Effects on Motivation, Self-Efficacy, and Depression. Journal of Adolescent Health. 2010;46(5):422-8.	Intervention not targetting child mental health
Najafi Fard T, Pourmohamadreza Tajrishi M, Sajedi F, Rezasoltani P, Delavar Kasmaei H. The effectiveness of attribution retraining on health enhancement of epileptic children. Iranian Journal of Child Neurology. 2016;10(2):53-9.	Not an RCT
Ndao DH, Ladas EJ, Cheng B, Sands SA, Snyder KT, Garvin Jr JH, et al. Inhalation aromatherapy in children and adolescents undergoing stem cell infusion: Results of a placebo-controlled double-blind trial. Psycho-Oncology. 2012;21(3):247-54.	Sample do not all have current LTC
Newcombe PA, Dunn TL, Casey LM, Sheffield JK, Petsky H, Anderson-James S, et al. Breathe Easier Online: evaluation of a randomized controlled pilot trial of an Internet-based intervention to improve well-being in children and adolescents with a chronic respiratory condition. Journal of medical Internet research. 2012;14(1):e23.	Mental health not elevated at baseline
Nguyen TN, Nilsson S, Hellstrom AL, Bengtson A. Music therapy to reduce pain and anxiety in children with cancer undergoing lumbar puncture: A randomized clinical trial. J Pediatr Oncol Nurs. 2010;27(3):146-55.	Intervention not targetting child mental health
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Nolan T, Zvagulis I, Pless B. Controlled trial of social work in childhood chronic illness. Lancet. 1987;2(8556):411-5.	Mental health not elevated at baseline
Oelkers-Ax R, Leins A, Parzer P et al., "Butterbur root extract and music therapy in the prevention of childhood migraine: an explorative study," European Journal of Pain, vol. 12, no. 3, pp. 301–313, 2008.	No child mental health outcome
Osterhaus SO, Passchier J, van der Helm-Hylkema H, de Jong KT, Orlebeke JF, de Grauw AJ, et al. Effects of behavioral psychophysiological treatment on schoolchildren with migraine in a nonclinical setting: predictors and process variables. Journal of Pediatric Psychology. 1993;18(6):697-715.	Intervention not targetting child mental health
Palermo T, Long A. Randomized controlled trial of a web-based psychological treatment for pediatric chronic pain. Journal of Pain. 2009;1):S72.	No child mental health outcome
Palermo TM, Law EF, Fales J, Bromberg MH, Jessen-Fiddick T, Tai G. Internet-delivered cognitive-behavioral treatment for adolescents with chronic pain and their parents: a randomized controlled multicenter trial. Pain. 2016;157(1):174-85.	Mental health not elevated at baseline

Palermo TM, Wilson AC, Peters M, Lewandowski A, Somhegyi H. Randomized controlled trial of an Internet-delivered family cognitive-behavioral therapy intervention for children and adolescents with chronic pain. Pain. 2009;146(1-2):205-13.	No child mental health outcome
Parcel GS, Nader PR, Tiernan K. A health education program for children with asthma. J Dev Behav Pediatr. 1980;1(3):128-32.	Not an RCT
Pastore V, Colombo K, Liscio M, Galbiati S, Adduci A, Villa F, et al. Efficacy of cognitive behavioural therapy for children and adolescents with traumatic brain injury. Disability and Rehabilitation: An International, Multidisciplinary Journal. 2011;33(8):675-83.	Not an RCT
Pederson C. Effect of imagery on children's pain and anxiety during cardiac catheterization. J Pediatr Nurs. 1995;10(6):365-74.	Mental health not elevated at baseline
Perrin JM, MacLean Jr WE, Gortmaker SL, Asher KN. Improving the psychological status of children with asthma: a randomized controlled trial. Journal of developmental and behavioral pediatrics : JDBP. 1992;13(4):241-7.	Mental health not elevated at baseline
Pfafflin M, Petermann F, Rau J, May T. The psychoeducational program for children with epilepsy and their parents (FAMOSES): Results of a controlled pilot study and a survey of parent satisfaction over a five-year period. Epilepsy & Behavior. 2012;25(1):11-6.	Not an RCT
Phipps S, Peasant C, Barrera M, Alderfer MA, Huang QL, Vannatta K. Resilience in Children Undergoing Stem Cell Transplantation: Results of a Complementary Intervention Trial. Pediatrics. 2012;129(3):E762-E70.	Mental health not elevated at baseline
Pless IB, Feeley N, Gottlieb L, Rowat K, Dougherty G, Willard B. A randomized trial of a nursing intervention to promote the adjustment of children with chronic physical disorders. Pediatrics. 1994;94(1):70-5.	Sample do not all have current LTC
Poggi G, Massimino M, Clerici CA, Tettamanti M, Biassoni V, Adduci A. Brain tumors in children: A support tool for parent-child communication about the disease. Psycho-Oncology. 2013;22:138.	Not an RCT
Quittner AL, Romero SL, Blackwell LS, Marciel KK, Romero CV, Dawkins K, et al. Effect of CFfone on knowledge of disease management, psychological well-being, and health-related quality of life in adolescents and young adults with CF. Journal of Cystic Fibrosis. 2012;11:S137.	No results for control group
Quittner AL, Romero SL, Blackwell LS, McLean KA, Marciel K, Monzon AD, et al. Preliminary data on the efficacy of an online social network for adolescents with CF. American Journal of Respiratory and Critical Care Medicine Conference: American Thoracic Society International Conference, ATS. 2013;187(no pagination).	Not enough information to determine inclusion
Quittner AL, Romero SL, Blackwell LS, McLean KA, Monzon AD, Dawkins K. Efficacy of an online social networking site: CFfone results. Pediatric Pulmonology. 2013;48:135.	Mental health not elevated at baseline
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Radziuk AL, Kieling RR, Santos K, Rotert R, Bastos F, Palmini AL. Methylphenidate improves the quality of life of children and adolescents with ADHD and difficult-to-treat epilepsies. Epilepsy & Behavior. 2015;46:215-20.	Not an RCT
Reed-Knight B, McCormick M, Lewis JD, Blount RL. Participation and Attrition in a Coping Skills Intervention for Adolescent Girls with Inflammatory Bowel Disease. Journal of Clinical Psychology in Medical Settings. 2012;19(2):188-96.	Not an RCT

Rehm RS. A life skills intervention improved psychosocial adjustment in children with cystic fibrosis. Evidence Based Nursing. 2007;10(2):47- 1p.	Not primary research
Riley AR, Duke DC, Freeman KA, Hood KK, Harris MA. Depressive Symptoms in a Trial Behavioral Family Systems Therapy for Diabetes: A Post Hoc Analysis of Change. Diabetes care. 2015;38(8):1435-40.	Not an RCT
Robb SL, Burns DS, Stegenga KA, Haut PR, Monahan PO, Meza J, et al. Randomized clinical trial of therapeutic music video intervention for resilience outcomes in adolescents/young adults undergoing hematopoietic stem cell transplant: A report from the Children's Oncology Group. Cancer. 2014;120(6):909-17.	No child mental health outcome
Robb SL, Clair AA, Watanabe M et al., "Randomized controlled trial of the active music engagement (AME) intervention on children with cancer," Psycho-Oncology, vol. 17, no. 7, pp. 699–708, 2008.	Could not assess mental health at baseline
Roberts C, Mazzucchelli T, Studman L, Sanders MR. Behavioral family intervention for children with developmental disabilities and behavioral problems. J Clin Child Adolesc Psychol. 2006;35(2):180-93.	IQ below 70
Robertson J. Stress point interventions for parents of children in hospital with chronic conditions reduced stress and improved child and family functioning [commentary on Burke SO, Handley-Derry MH, Costello EA, et al. Stress-point intervention for parents of. Evidence Based Nursing. 1998;1(3):79- 1p.	Not primary research
Robins PM, Smith SM, Glutting JJ, et al. A randomized controlled trial of a cognitive-behavioral family intervention for pediatric recurrent abdominal pain. J Pediatr Psychol 2005;30:397–408.	No child mental health outcome
Roohafza H, Pourmoghaddas Z, Saneian H, Gholamrezaei A. Citalopram for pediatric functional abdominal pain: a randomized, placebo-controlled trial. Neurogastroenterol Motil. 2014;26(11):1642-50.	Could not assess mental health at baseline
Rutten JMTM, Benninga MA, Vlieger AM. IBS and FAPS in children: A comparison of psychological and clinical characteristics. Journal of Pediatric Gastroenterology and Nutrition. 2014;59(4):493-9.	Not an RCT
Sansom-Daly UM, Wakefield CE, Bryant RA, Ellis S, Doolan E, Cohn RJ. Adapting evidence-based psychological therapy to the computer screen for adolescent and young adult cancer survivors: Preliminary results from the 'recapture life' randomised controlled trial. Asia-Pacific Journal of Clinical Oncology. 2014;10:36.	Not enough information to determine inclusion
Sansom-Daly UM, Wakefield CE, Bryant RA, Ellis SJ, Doolan EL, Cohn RJ. Adapting evidence-based therapy to the computer screen in adolescent and young adult oncology: A randomised controlled trial evaluating the 'recapture life' program. Psycho-Oncology. 2013;22:99.	Not enough information to determine inclusion
Sara S, Najafabadi NM, Roustaei A. The effect of cognitive-religious group therapy on psychological profile and hopefulness in adolescents with cancer in ahvaz. Iranian Journal of Psychiatry. 2012;1):128.	Full text not retrievable
Sassmann H, de Hair M, Danne T, Lange K. Reducing stress and supporting positive relations in families of young children with type 1 diabetes: A randomized controlled study for evaluating the effects of the DELFIN parenting program. BMC Pediatrics. 2012;12 (no pagination)(152).	Intervention not targetting child mental health
Satin, W., La Greca, A., Zigo, M., & Skyler, J. (1989). Diabetes in adolescence: Effects of multifamily group intervention and parent simulation of diabetes. Journal of Pediatric Psychology. 14. 259-276.	No child mental health outcome
Scaramuzza AE, Grazzini MM, Nicora L, De Angelis L, Ferrari M, Redaelli F, et al. Help 'difficult' adolescents with type 1 diabetes to improve metabolic control: The peter pan project. Pediatric Diabetes. 2013;14:85.	No child mental health outcome

Schachner L, Field T, Hernandez-Reif M, Duarte AM, Krasnegor J. Atopic dermatitis symptoms decreased in children following massage therapy. Pediatr Dermatol. 1998;15(5):390-5.	Could not assess mental health at baseline
Scharff, L., Marcus, D. A., & Masek, B. J. (2002). A controlled study of minimal-contact thermal biofeedback treatment in children with migraine. Journal of Pediatric Psychology, 27(2), 109-119.	Mental health not elevated at baseline
Scheewe S, Vogt L, Minakawa S, Eichmann D, Welle S, Stachow R, et al. Acupuncture in children and adolescents with bronchial asthma: A randomised controlled study. Complementary Therapies in Medicine. 2011;19(5):239-46.	Mental health not elevated at baseline
Scheewe S, Vogt L, Minakawa S, Welle S, Stachow R, Banzer W. Acupuncture in children and adolescents with bronchial asthma: A randomized controlled trial. [German]. Deutsche Zeitschrift fur Akupunktur. 2008;51(2):8-12.	Mental health not elevated at baseline
Scheewe S, Vogt L, Minakawa S, Welle S, Stachow R, Banzer W. Acupuncture in children and adolescents with bronchial asthma: A randomized controlled trial. [Spanish]. Revista Internacional de Acupuntura. 2008;2(4):206-11.	Mental health not elevated at baseline
Scholten L, Willemen A, Napoleone E, Maurice-Stam H, Last B, van Dijk-Lokkart E, et al. Moderators of the efficacy of a psychosocial group intervention for children with chronic illness and their parents: What works for whom? Journal of Pediatric Psychology. 2015;40(2):214-27.	Not primary research
Scholten L, Willemen AM, Grootenhuis MA, Maurice-Stam H, Schuengel C, Last BF. A cognitive behavioral based group intervention for children with a chronic illness and their parents: a multicentre randomized controlled trial. Bmc Pediatrics. 2011;11.	Mental health not elevated at baseline
Scholten L, Willemen AM, Last BF, Maurice-Stam H, Van Dijk EM, Ensink E, et al. Efficacy of psychosocial group intervention for children with chronic illness and their parents. Pediatrics. 2013;131(4):e1196-e203.	Mental health not elevated at baseline
Seid M, D'Amico EJ, Varni JW, Munafo JK, Britto MT, Kercsmar CM, et al. The in vivo adherence intervention for at risk adolescents with asthma: Report of a randomized pilot trial. Journal of Pediatric Psychology. 2012;37(4):390-403.	No child mental health outcome
Senyonyi RM. CBT group counseling intervention for HIV transmission risk behavior in perinatally infected adolescents. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2013;73(7-B(E)):No Pagination Specified.	Intervention not targetting child mental health
Senyonyi, R. M., Underwood, L. A., Suarez, E., Musisi, S., & Grande, T. L. (2012). Cognitive behavioral therapy group intervention for HIV transmission risk behavior in perinatally infected adolescents. Health, 4(12), 1334.	Intervention not targetting child mental health
Serlachius A, Frydenberg E, Northam E, Cameron F. A randomised trial of a psychosocial program to improve glycaemic control and psychosocial wellbeing in adolescents with type 1 diabetes. Pediatric Diabetes. 2011;12:20.	Not enough information to determine inclusion
Shapiro CJ, Kilburn J, Hardin JW. Prevention of behavior problems in a selected population: Stepping Stones Triple P for parents of young children with disabilities. Research in Developmental Disabilities. 2014;35(11):2958-75.	Sample do not all have current LTC
Sil S, Arnold LM, Lynch-Jordan A, Ting TV, Peugh J, Cunningham N, et al. Identifying treatment responders and predictors of improvement after cognitive-behavioral therapy for juvenile fibromyalgia. Pain. 2014;155(7):1206-12.	Could not assess mental health at baseline
Slaman J, Roebroeck M, Slot WM, Berg-Emons R. Effectiveness of a lifestyle program among adolescents and young adults with cerebral palsy: A randomized controlled trial. Developmental medicine and child neurology [Internet]. 2014; 56:[65-6 pp.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/815/CN-01049815/frame.html.	Not enough information to determine inclusion
Slaman J, van den Berg-Emons H, van Meeteren J, Twisk J, van Markus F, Stam H, et al. A lifestyle intervention improves fatigue, mental health and social support among adolescents and young adults with cerebral palsy: Focus on mediating effects.	Mental health not elevated at baseline

Clinical Rehabilitation. 2015;29(7):717-27.	
Smith DM. Filial therapy with teachers of deaf and hard of hearing preschool children. Child-centered play therapy research: The evidence base for effective practice. Hoboken, NJ: John Wiley & Sons Inc; US; 2010. p. 389-407.	Not an RCT
Smith, J. T., Barabasz, A., & Barabasz, M. (1996). Comparison of hypnosis and distraction in severely ill children undergoing painful medical procedures. Journal of Counseling Psychology, 43, 187-195.	Could not assess mental health at baseline
Smyth JM, Stone AA, Hurewitz A, Kaell A (1999), Effects of writing about stressful experiences on symptom reduction in patients with asthma or rheumatoid arthritis: a randomized trial. JAMA 281:1304Y1309	No child mental health outcome
Speyer E, Herbinet A, Vuillemin A, Briancon S, Chastagner P. Adapted physical activity sessions and health-related quality of life during a hospitalization course for children with cancer: APOP, a cross-over randomized trial. [French]. Science & sports [Internet]. 2011; 26(4):[202-6 pp.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/227/CN-00887227/frame.html	Could not assess mental health at baseline
Speyer E, Herbinet A, Vuillemin A, Briancon S, Chastagner P. Effect of adapted physical activity sessions in the hospital on health-related quality of life for children with cancer: a cross-over randomized trial. Pediatric Blood & Cancer. 2010;55(6):1160-6.	Not an RCT
Stehl ML, Kazak AE, Alderfer MA, Rodriguez A, Hwang WT, Pai ALH, et al. Conducting a randomized clinical trial of an psychological intervention for parents/caregivers of children with cancer shortly after diagnosis. Journal of Pediatric Psychology. 2009;34(8):803-16.	No child mental health outcome
Stein REK, Jessop DJ. LONG-TERM MENTAL-HEALTH EFFECTS OF A PEDIATRIC HOME CARE PROGRAM. Pediatrics. 1991;88(3):490-6.	Mental health not elevated at baseline
Stubbe DA. A focus on reducing anxiety in children hospitalized for cancer and diverse pediatric medical diseases through a self-engaging art intervention. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2008;69(6-B):3881.	Mental health not elevated at baseline
Stucke JL. Psychosocial correlates of recurrent abdominal pain: Prospectively measured outcome in children treated for recurrent abdominal pain. Dissertation Abstracts International: Section B: The Sciences and Engineering. 1998;59(5-B):2439.	Intervention not targetting child mental health
Stulemeijer M, de Jong LW, Fiselier TJ, Hoogveld SW, Bleijenberg G. Cognitive behaviour therapy for adolescents with chronic fatigue syndrome: randomised controlled trial. BMJ 2005; 330: 14.	No child mental health outcome
Sylvetsky AC, Nandagopal R, Nguyen TT, Abegg MR, Nagarur M, Rother KI, et al. Buddy Study: Partners for better health in adolescents with type 2 diabetes. World Journal of Diabetes. 2015;6(18):1355-62.	Could not assess mental health at baseline
Tajrishi MP, Abbasi S, Fard TN, Yousefi S, Abadi AMM, Kasmaei HD. Efficacy of attribution retraining on mental health of epileptic children. Iranian Red Crescent Medical Journal. 2015;17 (10) (no pagination)(e19393).	Not an RCT
Talakoub S, Gorbani S, Hasanpour M, Zolaktaf V, Amini M. Impact of exercise on affective responses in female adolescents with type I diabetes. Iran J Nurs Midwifery Res. 2012;17(6):434-9.	Could not assess mental health at baseline
Taylor LA, Wallander JL, Anderson D, Beasley P, Brown RT. Improving health care utilization, improving chronic disease utilization, health status, and adjustment in adolescents and young adults with cystic fibrosis: a preliminary report. J Clin	Older Sample

Psychol Med Settings 2003; 10 :9 –16. http://dx.doi.org/10.1023/A:1022897512137	
Taylor2003Improving Health Care Utilization, Improving Chronic Disease Utilization, Health Status, and Adjustment in Adolescents and Young Adults With Cystic Fibrosis: A Preliminary Report	Older Sample
Tew K, Landreth GL, Joiner KD, Solt MD. Filial therapy with parents of chronically ill children. International Journal of Play Therapy. 2002;11(1):79-100.	Mental health not elevated at baseline
Trautmann E, Kroner-Herwig B. A randomized controlled trial of Internet-based self-help training for recurrent headache in childhood and adolescence. Behav Res Ther. 2010;48(1):28-37.	Mental health not elevated at baseline
Tyc VL, Leigh L, Mulhern RK, Srivastava DK, Bruce D. Evaluation of a cognitive-behavioral intervention for reducing distress in pediatric cancer patients undergoing magnetic resonance imaging procedures. International Journal of Rehabilitation and Health. 1997;3(4):267-79.	Mental health not elevated at baseline
Uzark K, Klos D, Davis W, Rosenthal A. Use of videotape in the preparation of children for cardiac catheterization. Pediatr Cardiol. 1982;3(4):287-91.	Could not assess mental health at baseline
van der Vaart T, Plasschaert E, Rietman AB, Renard M, Oostenbrink R, Vogels A, et al. Simvastatin for cognitive defi cits and behavioural problems in patients with neurofi bromatosis type 1 (NF1-SIMCODA): a randomised, placebo-controlled trial. The Lancet Neurology. 2013;12(11):1076-83.	Mental health not elevated at baseline
Van Der Veek S, Derkx B, De Haan E, Benninga MA, Boer F. Cognitive behavior therapy for children with functional abdominal pain: Preliminary results of a randomized controlled trial. Gastroenterology. 2011;1):S94.	Not enough information to determine inclusion
van der Veek SM, Derkx BH, Benninga MA, Boer F, de Haan E. Cognitive behavior therapy for pediatric functional abdominal pain: a randomized controlled trial. Pediatrics. 2013;132(5):e1163-e72.	Mental health not elevated at baseline
Van Der Veek SMC, Derkx HHF, De Haan E, Benninga MA, Boer F. Cognitive behavioural therapy for pediatric functional abdominal pain: Results of a randomized controlled trial. Journal of Pediatric Gastroenterology and Nutrition. 2011;53:S63-S4.	Not enough information to determine inclusion
Van der Veek2013CBT for FAP	Mental health not elevated at baseline
van Dijk2015Effects of a combined physical and psychosocial intervention	Mental health not elevated at baseline
Van Dijk-Lokkart EM, Braam KI, Kaspers GJL, Veening MA, Grootenhuis MA, Streng I, et al. Effects on quality of life of participation in a combined physical exercise and psychosocial intervention program for childhood cancer patients, Pediatric Blood and Cancer. 2014;61:S160.	Not enough information to determine inclusion
Varni JW, Katz ER, Colegrove Jr R, Dolgin M. The impact of social skills training on the adjustment of children with newly diagnosed cancer. Journal of Pediatric Psychology. 1993;18(6):751-67.	Mental health not elevated at baseline
Vazquez I, Buceta J. Relaxation therapy in the treatment of bronchial asthma: Effects on basal spirometric values. Psychotherapy and Psychosomatics. 1993;60(2):106-12.	Mental health not elevated at baseline
Vazquez I, Buceta J. RELAXATION THERAPY IN THE TREATMENT OF BRONCHIAL-ASTHMA - EFFECTS ON BASAL SPIROMETRIC VALUES. Psychotherapy and Psychosomatics. 1993;60(2):106-12.	Mental health not elevated at baseline

Vles GF, Soudant DL, Hoving MA, Vermeulen RJ, Bonouvrie LA, van Oostenbrugge RJ, et al. Long-term follow-up on continuous intrathecal Baclofen therapy in non-ambulant children with intractable spastic Cerebral Palsy. European Journal of Paediatric Neurology. 2013;17(6):639-44.	No results for control group
Vohra S. Does music therapy reduce pain and anxiety in children with cancer undergoing lumbar puncture? Focus on Alternative and Complementary Therapies. 2011;16(1):66-7.	Not primary research
Vrooman L, Blonquist T, Neuberg D, Athale U, Clavell L, Kelly K, et al. Health-related qualityof life assessment in children and adolescents with acute lymphoblastic leukemia (ALL): A report from dana-farber cancer institute (DFCI) all consortium protocol 05-001. Pediatric Blood and Cancer. 2014;61:S85.	Not enough information to determine inclusion
Wade SL, Brown T, Kirkwood M, Stancin T, Taylor HG. Counselor assisted problem solving for adolescent TBI-improvements in behavior. Journal of Head Trauma Rehabilitation. 2012;27 (5):E24-E5.	Mental health not elevated at baseline
Wade SL, Carey J, Wolfe CR. An online family intervention to reduce parental distress following pediatric brain injury. Journal of Consulting and Clinical Psychology. 2006;74(3):445-54.	No child mental health outcome
Wade SL, Karver CL, Taylor H, Cassedy A, Stancin T, Kirkwood MW, et al. Counselor-assisted problem solving improves caregiver efficacy following adolescent brain injury. Rehabilitation Psychology. 2014;59(1):1-9.	No child mental health outcome
Wade SL, Michaud L, Brown TM. Putting the pieces together: Preliminary efficacy of a family problem-solving intervention for children with traumatic brain injury. Journal of Head Trauma Rehabilitation. 2006;21(1):57-67.	Mental health not elevated at baseline
Wade SL, Stancin T, Kirkwood M, Brown TM, McMullen KM, Taylor H. Counselor-Assisted Problem Solving (CAPS) improves behavioral outcomes in older adolescents with complicated mild to severe TBI. The Journal of Head Trauma Rehabilitation. 2014;29(3):198-207.	Mental health not elevated at baseline
Wade SL, Taylor H, Cassedy A, Zhang N, Kirkwood MW, Brown TM, et al. Long-term behavioral outcomes after a randomized, clinical trial of counselor-assisted problem solving for adolescents with complicated mild-to-severe traumatic brain injury. Journal of Neurotrauma. 2015;32(13):967-75.	Mental health not elevated at baseline
Wade SL, Walz NC, Carey J, McMullen KM, Cass J, Mark E, et al. A randomized trial of teen online problem solving: Efficacy in improving caregiver outcomes after brain injury. Health Psychology. 2012;31(6):767-76.	No child mental health outcome
Wade SL, Walz NC, Carey J, McMullen KM, Cass J, Mark E, et al. Effect on behavior problems of teen online problem-solving for adolescent traumatic brain injury. Pediatrics. 2011;128(4):e947-e53.	Mental health not elevated at baseline
Walders N. A randomized controlled trial of a problem-solving intervention for pediatric asthma [Dissertation]. Case Western Reserve Universiy [Internet]. 2003:[261p p.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/727/CN-00451727/frame.html.	Could not assess mental health at baseline
Walders N. A randomized controlled trial of a problem-solving intervention for pediatric asthma. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2003;63(7-B):3486.	Could not assess mental health at baseline
Wallander JL, Madan-Swain A, Klapow J, Saeed S. A randomised controlled trial of written self-disclosure for functional recurrent abdominal pain in youth. Psychol Health 2011; 26 :433 – 47. http://dx.doi.org/10.1080/08870440903477212	No child mental health outcome
Wallander2011A randomised controlled trial of written self-disclosure for functional recurrent abdominal pain in youth	No child mental health outcome

Wang FJ. Effect of picture-book reading on anxiety, depression and loneliness in hospitalized children with gastrointestinal disease. [Chinese]. World Chinese Journal of Digestology. 2015;23(13):2174-9.	Mental health not elevated at baseline
Warner LJ, Lumley MA, Casey RJ, Pierantoni W, Salazar R, Zoratti EM, et al. Health effects of written emotional disclosure in adolescents with asthma: A randomized, controlled trial. Journal of Pediatric Psychology. 2006;31(6):557-68.	Mental health not elevated at baseline
Warner LJ. Expressive writing and health in pediatric asthma [Dissertation]. Wayne State University [Internet]. 2003:[175p p.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/773/CN-00486773/frame.html.	Mental health not elevated at baseline
Warner LJ. Expressive writing and health in pediatric asthma. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2004;64(12-B):6344.	Mental health not elevated at baseline
Weinger K. Coping skills training reduced haemoglobin A1c and improved self efficacy in youths with diabetes [commentary on Grey M, Boland EA, Davidson M, et al. Coping skills training for youths with diabetes on intensive therapy. APPL NURS RES 1999 Feb;12(1). Evidence Based Nursing. 1999;2(4):115- 1p.	Not primary research
Weydert JA, Shapiro DE, Acra SA, Monheim CJ, Chambers AS, Ball TM. Evaluation of guided imagery as treatment for recurrent abdominal pain in children: A randomized controlled trial. BMC Pediatrics. 2006;6 (no pagination)(29).	Mental health not elevated at baseline
Whittemore R, Jaser S, Jeon S, et al. (2012) An Internet coping skills training program for youth with type 1 diabetes: Six-month outcomes. Nursing Research 61: 395–404.	Mental health not elevated at baseline
Whittingham K, Sanders M, McKinlay L, Boyd RN. Child quality of life and parent psychological adjustment can be improved with Stepping Stones Triple P and ACT: An RCT. Developmental Medicine and Child Neurology. 2014;56:75.	Not enough information to determine inclusion
Whittingham K, Sanders M, McKinlay L, Boyd RN. Improving child quality of life and parent psychological functioning with a parenting intervention incorporating acceptance and commitment therapy. Developmental Medicine and Child Neurology. 2013;55:80-1.	Not enough information to determine inclusion
Wilfley DE, Van Buren DJ. Psychosocial issues and type 2 diabetes: The TODAY study. Pediatric Diabetes. 2011;12:11.	Not enough information to determine inclusion
Windich-Biermeier2007Effects of Distraction on Pain, Fear, and Distress During Venous Port Access and Venipuncture in Children and Adolescents With Cancer	Could not assess mental health at baseline
Wit M, Delemarre-van De Waal HA, Bokma JA, Haasnoot K, Houdijk M, Gemke R, et al. [Evaluation and discussion of the quality of life in adolescents with diabetes mellitus types 1]. Tijdschrift voor kindergeneeskunde [Internet]. 2008; 76(4):[180-9 pp.]. Available from: http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/448/CN-00708448/frame.html.	Mental health not elevated at baseline
Wong J, Ghiasuddin A, Kimata C, Patelesio B, Siu A. The Impact of Healing Touch on Pediatric Oncology Patients. Integrative Cancer Therapies. 2013;12(1):25-30.	Could not assess mental health at baseline
Wysocki T, Harris MA, Buckloh LM, et al. (2007) Randomized trial of behavioral family systems therapy for diabetes: Maintenance of effects on diabetes outcomes in adolescents. Diabetes Care 30: 555–560.	No child mental health outcome
Wysocki T, Harris MA, Greco P, Bubb J, Danda CE, Harvey LM, et al. Randomized, controlled trial of behavior therapy for families of adolescents with insulin-dependent diabetes mellitus. Journal of Pediatric Psychology. 2000;25(1):23-33.	Could not assess mental health at baseline
Wysocki T. Youth and parent satisfaction with clinical use of the glucoWatch G2 Biographer in the management of pediatric type 1 diabetes. Diabetes Care. 2005;28(8):1929-35.	No child mental health outcome

Yetwin A, Marks K, Bell T, Gold J. Heart rate variability biofeedback therapy for children and adolescents with chronic pain. Journal of Pain. 2012;1):S93.	Not enough information to determine inclusion
Yu H, Liu Y, Li S, Ma X. Effects of music on anxiety and pain in children with cerebral palsy receiving acupuncture: A randomized controlled trial. International Journal of Nursing Studies. 2009;46(11):1423-30.	Could not assess mental health at baseline

Table 3: Broad description of included studies.

Study	Country	Long term condition	Intervention	Comparator	Elevated symptom/ psychiatric disorder at baseline	Other outcomes with child MH component
Ashori (2013)	Iran[a]	Hearing loss	Emotional intelligence training	TAU	General distress, general mental health	Anxiety, depression, social dysfunction, somatic symptoms
Bignall (2015)	USA	Asthma	Relaxation (PMR + guided imagery + breathing)	Asthma education	Anxiety	None
Boardway (1993)	USA	T1DM	Stress management	TAU	Diabetes-specific stress	Coping, self-efficacy
Brown (2014)	Australia	Acquired brain injury	Parenting programme (SSTP) + ACT	TAU	Behavioural problems	Emotional problems
Bufalini (2009)	Italy[a]	Cancer	Music therapy	TAU	Anxiety	None
Diego (2001)	USA	HIV	Massage therapy	Relaxation (general)	Anxiety, depression	None
Gordon	Australia	Chronic fatigue	Resistance training	Aerobic	Depression	None

Study	Country	Long term condition	Intervention	Comparator	Elevated symptom/ psychiatric disorder at baseline	Other outcomes with child MH component
(2010)		syndrome		exercise		
Hains (2000)	USA	T1DM	Stress management	Waitlist control	Anxiety	Coping, diabetes-specific stress
Lyon (2014)	USA	Cancer	Palliative care (FACE-TC)	TAU	Anxiety	Depression
Martinović (2006)	Serbia	Epilepsy	CBT	TAU	Depression[b]	None
Masia Warner (2011)	USA	Persistent functional somatic complaints	CBT (TAPS)	Waitlist control	Anxiety[c], general mental health	None
Nekah (2015)	Iran[a]	Cancer	Group play therapy	TAU	Depression	Anxiety
Pourmohamadreza-Tajrishi (2013)	Iran	Hearing loss	Emotional intelligence training	TAU	General mental health	None
Reigada (2015)	USA	Inflammatory bowel disease (IBD)	CBT (TAPS-IBD)	Non-directive supportive	Anxiety	None

Study	Country	Long term condition	Intervention	Comparator	Elevated symptom/ psychiatric disorder at baseline	Other outcomes with child MH component
				therapy		
Serlachius (2014)	Australia	T1DM	CBT (BOC)	TAU	Diabetes-specific stress	Self-efficacy
Shoshani (2015)	Israel	Cancer	Palliative care (Make a Wish)	Waitlist control	General mental health, anxiety, depression	Hope, optimism, positive and negative emotions, panic
Szigethy (2007)	USA	IBD	CBT (PASCET-PI)	TAU	Depression, general mental health	Perceived control
Szigethy (2014)	USA	IBD	CBT (PASCET-PI)	Non-directive supportive therapy	Depression[c]	General mental health
Wang (2012)	China[a]	Asthma	Group play therapy	TAU	Behavioural problems	Coping
Westrupp (2015)	Australia	T1DM	Parenting programme (Triple P)	TAU	Behavioural problems	None
Whittingham	Australia	Cerebral palsy	Parenting programme	Waitlist	Behavioural problems	Emotional problems,

Study	Country	Long term condition	Intervention	Comparator	Elevated symptom/ psychiatric disorder at baseline	Other outcomes with child MH component
(2014)			(SSTP) with/without ACT	control		social dysfunction
Wicksell (2009)	Sweden	Chronic pain	CBT (ACT)	TAU	Depression	General mental health, coping, kinesiophobia
Yang (2004)	China	Asthma	Relaxation (PMR)	TAU	Anxiety, depression	None
Yetwin (2011)	USA	Chronic pain	Biofeedback	Waitlist control	Anxiety	Depression
Zareapour (2009)	Iran[a]	Cancer	Group play therapy (art-based)	TAU	Depression	None

IBD = Inflammatory bowel disease; T1DM = Type 1 diabetes mellitus; SSTP = Stepping Stones Triple P; ACT = Acceptance and commitment therapy; CBT = Cognitive behaviour therapy; FACE-TC = Family-Centred Advanced Care Planning for Teens with Cancer; TAPS = Treatment of Anxiety & Physical Symptoms; BOC = Best of Coping; PASCET-PI = Primary and secondary control enhancement therapy-Physical illness; PMR = Progressive Muscular Relaxation; TAU = Treatment as usual; [a]Foreign language article (translated); [b]All participants included were at risk of depression; [c]Mental health diagnosis.

Table 4: Sample characteristics in included studies.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Ashori (2013)	Iran[b]	40	0	18.4 (0.44)	NR	School	**Deaf** children attending special school, IQ in normal range. Excluded disabilities, 'mental problems', blindness, visual impairment or antisocial reports.
Bignall (2015)	USA	33	66.7	15.4 (2.97)	100% African American	School	**Asthma** diagnosis via school-based health centre referrals and provider self-report, African-American or black ethnicity, English speaking, raw score of 20 or less on the Asthma Control Test.
Boardway (1993)	USA	19	57.9	14.6 (1.56)	68.4% Caucasian; 21.1% Black; 5.3% Hispanic; 5.3% Oriental	Hospital	**Type 1 diabetes mellitus** diagnosis for at least one year, aged 12-17 years, able to attend hospital. Excluded 'mentally retarded', history of noncompliance and/or poor metabolic control.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Brown (2014)	Australia	59	59.3	7.0 (3.08)	88.14% Caucasian/ Australian; 11.86% 'other'	Paediatric rehabilitation service	Parents or kinship carers of a child with a diagnosis of **acquired brain injury**, aged 2 to 12 years, at least three months post injury/diagnosis; parent-report of at least one mild behavioural or emotional difficulty. Excluded if child was acutely medically unwell, undergoing chemotherapy or radiation therapy, insufficient English proficiency.
Bufalini (2009)	Italy[b]	39	38.5	6.7 (SD NR)	NR	Hospital	Children with **cancer**, must have undergone two or more painful procedures.
Diego (2001)	USA	24	92.0	17.0 (1.36)	92% African American; 8% Hispanic	HIV clinic	**HIV** infected adolescents aged 13-19 years old, with a CD4 cell count greater than 200, no changes in drug regimen over the past three months.
Gordon (2010)	Australia	22	NR	15.9 (1.20)	NR	CFS inpatient programme referral	**Chronic Fatigue Syndrome** according to Fuduka criteria 17, previously failed outpatient management programme. Excluded if asthmatic/respiratory disease, unable to complete interventions.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Hains (2000)	USA	14	57.0%	NR (range 12-15)	86% White; 7% African American; 7% Asian American	Hospital	**Type 1 diabetes mellitus** with HbA1c levels greater than 9%.
Lyon (2014)	USA	30	40.0	16.3 (range 14-21)	7% Asian; 43% Black; 50% White	Hospital	14-21 year olds with **cancer**, with an available legal guardian (if <18 years of age) or family member at least 21 years of age. Excluded those with severe depression, homicidality, suicidality, psychosis, in foster care, severe developmental delays, impaired mental status.
Martinović (2006)	Serbia	32	60.0	17.4 (2.32)	NR	Referral to outpatient department	Newly diagnosed **epilepsy**, subthreshold depression, normal intelligence. Excluded if epilepsy caused by progressive cerebral lesion, 'mental retardation', diagnosis of depression, psychotic symptoms, schizophrenia, bipolar disorder, social phobia, agoraphobia, or panic disorder.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Masia Warner (2011)	USA	40	65.0	12.4 (2.60)	72.5% White; 15% Hispanic; 10% other; 2.5% African-American	Primary care	Youth with persistent **functional somatic complaints** and a DSM-IV principal anxiety diagnosis. Stable dosage if receiving psychiatric medication for more than six months. Excluded principal obsessive–compulsive disorder or posttraumatic stress disorder.
Nekah (2015)	Iran[b]	18	58.3	9.9 (2.07)	NR	Hospital	8-14 years old with **cancer**, able to read and write, not taking depression/anxiety drugs, able to attend whole play therapy, spending more than one week in hospital. Excluded isolated patients.
Pourmohamadreza-Tajrishi (2013)	Iran	40	0	12.5 (1.81)	NR	School	**Deaf** students attending special schools, with IQ in normal range.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Reigada (2015)	USA	22	59.1	13.2 (2.10)	68.2% White; 13.6% Mixed; 9.1% Latino-white; 4.5% African-American; 4.5% Asian	Referrals	Adolescents with **inflammatory bowel disease**. Excluded if: current suicidal thoughts requiring immediate clinical attention; current use of a psychotropic medication prescribed within the last two months; substance use disorder, conduct disorder, pervasive developmental disorder; schizophrenia or other psychosis; history of or current bipolar disorder; principal diagnosis of posttraumatic stress disorder.
Serlachius (2014)	Australia	147	54.0	14.3 (1.09)	NR	Hospital	13-26 year olds, with **Type 1 diabetes mellitus**, English speaking. Excluded those with developmental disorder or a serious psychiatric disorder requiring on-going treatment.
Shoshani (2015)	Israel	66	40.9	10.4 (3.90)	NR	Hospital	Aged 3–14 years, with initial diagnosis of **cancer**, receiving medical treatment, with no pre-existing developmental disorder. Excluded children who were severely ill or needed urgent medical care.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Szigethy (2007)	USA	41	51.3	15.0 (2.01)	78.1% White; 14.6% African American; 2.4% Hispanic; 4.9% unspecified	Hospital	Aged 11-17 years, with biopsy-confirmed **inflammatory bowel disease**, CDI score of 9+ and/or CDI-P 9+, English speaking. Excluded if current major depressive, dysthymic, bipolar, and/or psychotic disorders; taking antidepressants; substance abuse/dependence or suicide attempt within one month of enrolment; depression requiring psychiatric hospitalization; failure of previous manual-based CBT of at least eight sessions.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Szigethy (2014)	USA	217[a]	53.0 (55.4)	14.3 (2.40)	2014 sample: 89.4% White; 10.6% Black. 2015 sample: 87.6% White; 12.4% Black	Hospital	Age 9-17 with **inflammatory bowel disease**, DSM-IV-TR diagnosis of major/minor depression on the Kiddie-SADS-L. Excluded if: lifetime episode of bipolar, psychotic or eating disorder requiring hospitalization; depression requiring psychiatric hospitalization within three months of assessment; suicide attempt, antidepressant medications or substance abuse by history of iatrogenic opiate use within one month of assessment; and current psychotherapy.
Wang (2012)	China[b]	44	38.6	10.27 (1.74)	NR	NR	8-16 year olds with **asthma**, receiving long-term control medication and quick relief medication, with elevated score in behaviour problems or a factor score in the CBCL, no mental or cognitive disorders, parents also without mental disorders, can read the questionnaire, give informed consent, and volunteer to take part.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Westrupp (2015)	Australia	36	50.0	9.0 (2.36)	NR	Hospital	English-speaking parents of children age 4-12 with **Type 1 diabetes mellitus**. Excluded parents with clinically significant depression, or whose children had a developmental disorder or additional complex medical condition.
Whittingham (2014)	Australia	67	35.8	5.3 (3.06)	NR	Patient database	Parents of children, aged 2–12 years, with a diagnosis of **Cerebral Palsy** who believed they would benefit from participating in a parenting intervention.
Wicksell (2009)	Sweden	32	78.0	14.8 (2.4)	NR	Hospital	10-18 year olds with **Chronic Pain**, referred to the Pain Treatment Service with pain duration of more than three months. Excluded if pain explained by identified pathological process or co-existing psychiatric; psychosocial issues were considered more relevant than pain to functioning, risk for suicide; reduced proficiency in speaking Swedish; major cognitive dysfunctions; participating in another rehabilitation programme based on CBT; previously treated with amitriptyline.

Study	Country	Sample size	% Female	Mean (SD) age	Ethnicity	Recruited from	Inclusion criteria
Yang (2004)	China	64	40.6	10.4 (0.72)	NR	Patient database	Aged 8-14, history (in non-acute asthma attack period) of mild to moderate course of **asthma**; no intelligence or cognitive disorder; willing to cooperate; no organic psychiatric diseases.
Yetwin (2011)	USA	26	76.0	14.1 (1.91)	38% Caucasian; 29% Latino/a; 19% African-American; 14% mixed	Referrals	**Type 1 diabetes mellitus** without cognitive, neurological or developmental deficits that impaired ability to complete study. Excluded drug/alcohol dependence; acute psychiatric distress (as indicated by suicidality, homicidality, psychosis).
Zareapour (2009)	Iran[b]	26	54.0	NR (range 6-15)	NR	Hospital	Aged 6-15, admitted to the Hospice, with **cancer**, normal IQ, depression greater than 84 on the CDS-A. Excluded behavioural problems and less than one week hospital stay.

SD = Standard deviation; CBCL = Achenbach Child Behaviour Checklist; CDI = Child Depression Inventory; CDI-P = Child Depression Inventory–Parent report; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; CDS-A = Child Depression Scale Abbreviated; Kiddie-SADS-L = Kiddie Schedule for Affective Disorders and Schizophrenia–Lifetime Version; HbA1c = glycated haemoglobin; NR = not reported. [a] note that 161 of the main sample had Crohn's disease, and formed the sample in Szigethy et al. (2015); [b]Foreign language article (translated).

Table 5: Details of interventions assessed in sample.

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Ashori (2013), Hearing Loss	Life skill instruction	Emotional intelligence training	Improve mental health	9 sessions of 45 minutes each	School	Trained teacher	Child	TAU (School as usual)
Bignall (2015), Asthma	Breathing retraining	Relaxation (PMR)	Improve asthma outcomes and reduce anxiety symptoms	2 x 30 minutes sessions a month apart	School-based health centre, with practice at home	Researcher	Child	TAU (Asthma education)
Boardway (1993), T1DM	Stress management training	Stress management	Improve psychosocial adjustment, regimen adherence, and metabolic control	10 sessions over 12 weeks, then 3 monthly sessions	Hospital	NR	Child	TAU
Brown (2014), ABI	SSTP + ACT	Parenting programme (with ACT)	Reduce child behaviour and emotional problems, reduce dysfunctional parenting styles	8 x 2 hour group + 3 x 1.5 hour telephone over 10 weeks	Hospital and via telephone	Clinical psychologists (current or training), accredited in SSTP	Parents	TAU

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Bufalini (2009), Cancer	Interactive music	Music therapy	Reduce anxiety during painful oncological procedures	15 minute meeting prior to procedure, then procedure	Hospital ward and induction room	Trained clinician	Child	TAU (Usual sedation)
Diego (2001), HIV	Massage therapy	Massage therapy	Reduce disease markers, anxiety and depression	20 minutes, twice/week, for 12 weeks	NR	Massage therapist	Child	Relaxation (PMR)
Gordon (2010), CFS	Resistance training	Resistance training	Improve physical tolerance and quality of life, reduce fatigue severity and symptoms of depression	5 days/week for 4 weeks	Hospital	Accredited exercise psychologist	Child	Aerobic exercise programme
Hains (2000), T1DM	Cognitive restructuring and problem solving	Stress management	Reduce diabetes-specific stress and anxiety, improve metabolic control and coping	1 hour/week for 6 weeks	Hospital	A psychologist and a doctoral student in counselling psychology	Child	TAU (Waitlist control)

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Lyon (2014), Cancer	FACE-TC	Palliative care	Improve or maintain quality of life and psychological adjustment; make decisions on advanced care; increase spirituality	1 hour/week for 3 weeks	Hospital or home	Trained or certified graduate students	Child & parent	TAU
Martinović (2006), Epilepsy	Cognitive behaviour intervention	CBT	Prevent depression and subsequently improve seizure control and quality of life	8 x weekly sessions + 3 x monthly sessions	University department for outpatient care	Clinicians (authors)	Child	TAU
Masia Warner (2011), PSFC	TAPS	CBT	Improve anxiety and somatic symptoms	12 x 45-60 minutes sessions over 10 weeks	Medical office (n = 7) or clinic (n = 33) by choice	Clinical psychologists trained in CBT	Child	TAU (Waitlist control)
Nekah (2015), Cancer	Structured cognitive-behavioural group play	Group play therapy	Reduce depression and anxiety	10 x 60 minutes sessions	Haematology centre at hospital	Clinical psychologist, health care assistant	Child	TAU

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
	therapy							
Pourmohamadreza-Tajrishi (2013), Hearing loss	Emotional intelligence training	Emotional intelligence training	Improve mental health	50 minutes, twice a week for 6 weeks	School assumed	NR	Child	TAU (School as usual)
Reigada (2015), IBD	TAPS+IBD	CBT	Reduce disease-specific anxiety and improve LTC treatment response	1 hour/week for 13 weeks	Medical practice (n = 11), college (n = 8), both locations (n = 3)	Trained advanced clinical psychology doctoral students (n = 6) ; postdoctoral clinical fellow (n = 1)	Child & parent	Non-directive supportive therapy
Serlachius (2014), T1DM	Best of Coping	CBT	Improve glycaemic control and psychosocial wellbeing	2 hours/week for 5 weeks	Hospital	Health Psychologist	Child	TAU
Shoshani (2015),	Make a Wish	Palliative care	Decrease mental health symptoms and health-related	Initial meeting, then 'Wish'	Interview session: home, Wish	Trained interviewers	Child	TAU (Waitlist control)

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Cancer			physical symptoms, and increase in positive affect	fulfilment	session: NR			
Szigethy (2007) IBD	PASCET-PI	CBT	Reduce depression, improve perceived control and global functioning	1 hour/week for 9-11 weeks	At hospital, hospital clinic, or by telephone	Trained child and adolescent psychiatrists (n = 2); child and adolescent psychologists (n = 2); clinical social workers (n = 2)	Child & parent	TAU
Szigethy (2014), IBD	PASCET-PI	CBT	Reduce depression, improve quality of life and diminish disease activity	45 minutes/week for 12 weeks	Majority delivered by telephone, rest at hospital	CBT trained therapists	Child & parent	Non-directive supportive therapy
Wang (2012), Asthma	Group play therapy	Group play therapy	Improve mental coping ability	90 minutes/ fortnight x 6	NR	A post-graduate student with three psychology professors	Child	TAU

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
						supervising.		
Westrupp (2015), T1DM	Triple P	Parenting programme	Prevent mental health problems and improve glycaemic control in children, improve parent mental health and parenting skills	1 hour/week for 10 weeks	Hospital	Clinical Psychologist	Parents	TAU (Standard diabetes care)
Whittingham (2014), Cerebral Palsy	SSTP with and without ACT	Parenting programme (with and without ACT)	Improve behavioural and emotional problems in children, and reduce dysfunctional parenting	6 x 2hour group sessions + 3 x 30 minutes telephone sessions. Additional 2 x 2hour ACT in SSTP+ACT condition.	Not reported for group sessions, telephone for 3 SSTP sessions	Psychologists with accreditation in SSTP or ACT	Parents	TAU (Waitlist control)

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Wicksell (2009), Chronic Pain	Exposure and acceptance (ACT)	CBT	Improve pain-related functioning and quality of life, reduce depression, fear of re-injury, internalising/ catastrophising, worry about pain	1 hour/week for 10 weeks (child only) + 1-2 90 minute sessions with parents	Hospital	Psychologists trained in CBT, with experience and formal training in ACT	Child & parent	TAU
Yang (2004), Asthma	Relaxation training	Relaxation (PMR)	Improve anxiety, depression, coughing and asthma symptoms	30 minutes/night for 4 weeks	Home	Audio tape, supervised by parents after training	Child	TAU
Yetwin (2011), Chronic Pain	Heart Rate variability biofeedback	Biofeedback	Improve pain intensity, depression, anxiety, health-related quality of life, sleep quality, and reduce functional impairment	30-60 minutes/week for 4 weeks	Pain management clinic for biofeedback, home for breathing practice	Trained pre-doctoral psychology intern and a licensed social worker	Child	TAU (Waitlist control)

Study, LTC	Intervention name	Intervention type[a]	Aim of intervention	Structure of intervention	Site	Delivered by	Recipient	Comparator
Zareapour (2009), cancer	Group play therapy	Group play therapy	Improve depression	7 x daily 2 hour sessions	Hospice, rehabilitation centre	Nurses	Child	TAU

ABI = Acquired Brain Injury; IBD = Inflammatory bowel disease; T1DM = Type 1 diabetes mellitus; CFS = Chronic fatigue syndrome; PSFC = Persistent functional somatic complaints; NR = Not reported; TAU = Treatment as usual/usual care; CBT = Cognitive behaviour therapy; ACT = acceptance and commitment therapy; SSTP = Stepping Stones Triple P; FACE-TC = Family-Centered Advance Care Planning for Teens With Cancer; TAPS = Treatment of Anxiety and Physical Symptoms; TAPS+IBD = Treatment of Anxiety and Physical Symptoms for Inflammatory Bowel Disease; PASCET-PI = Primary and Secondary Control Enhancement Training for Physical Illness; Triple P = Positive Parenting Programme. [a] = Review category

Table 6: CYP mental health outcomes at post-intervention after cognitive behavioural therapy intervention.

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Martinović (2006) Epilepsy	Depression (BDI)	C	↓	15	7.8	2.7	15	5.4	3.0	0.85 [0.10 to 1.60]	0.03*
Martinović (2006) Epilepsy	Depression (CES-D)	C	↓	15	13.6	4.6	15	9.8	4.2	0.86 [0.11 to 1.61]	0.03*
Martinović (2006) Epilepsy	Depression (HAMD)	D	↓	15	5.8	2.0	15	3.3	1.3	1.50 [0.68 to 2.31]	<0.001*
Martinović (2006) Epilepsy	Risk of depression (RFFD)	C+P	↓	15	7.8	1.3	15	4.6	0.8	2.97 [1.91 to 4.02]	<0.001*
Masia Warner	Anxiety	D	↓	17	5.6	12.4	20	3.3	1.3	0.27	0.41

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
(2011) PSFC	(ADIS-IV-C/P: Severity)									[-0.38 to 0.92]	
Masia Warner (2011) PSFC	General MH (CGAS)	D	↑	17	57.1	8.7	20	67.2	9.4	1.11 [0.42 to 1.81]	0.002*
Reigada (2015) IBD	LTC-specific anxiety (IBD-SAS)	C	↓	11	31.0	24.0	10	5.6	12.6	1.31 [0.36 to 2.27]	0.007*
Serlachius (2014) T1DM	LTC-specific stress (DSQ)	C	↓	54	112.4	26.7	43	106.8	24.5	0.22 [-0.18 to 0.62]	0.29
Serlachius (2014) T1DM	Self-efficacy (Self-efficacy for diabetes)	C	↑	51	161.1	18.2	43	166.2	18	0.28 [-0.13 to 0.69]	0.18

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Szigethy (2007) IBD	Depression (CDI-CP)	C+P	↓	19	16.7	11.1	21	10.7	8	0.63 [-0.01 to 1.26]	0.06
Szigethy (2007) IBD	Depression (K-SADS-PL)	Z	↓	19	2.4	2.3	21	1.0	1.2	0.77 [0.13 to 1.42]	0.02*
Szigethy (2007) IBD	General MH (CGAS)	Z	↑	19	62.8	8.9	21	69.9	6.7	0.91 [0.25 to 1.56]	0.007*
Szigethy (2007) IBD	Perceived control (PCSC)	C	↑	18	54.7	14.6	20	63.3	6.5	0.78 [0.11 to 1.44]	0.02*
Szigethy (2014) IBD	General MH (CGAS)	D	↑	86	64.3	6.2	90	65.8	6.6	0.24 [-0.06 to 0.53]	0.12

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Szigethy (2014) IBD	Depression (CDRS-R)	D	↓	66	33.1	12.5	69	28.9	10.0	0.37 [0.03 to 0.71]	0.03*
Szigethy (2014) IBD	Depression (CDRS-R: Somatic)	D	↓	66	16.9	7.8	69	14.3	6.8	0.36 [0.02 to 0.70]	0.04*
Szigethy (2014) IBD	Depression (CDI-CP)	C+P	↓	19	3.9	1.3	21	3.0	1.3	0.65 [0.01 to 1.28]	0.05*
Szigethy (2014) IBD	Depression (K-SADS-PL)	Z	↓	19	1.3	0.8	21	0.7	0.8	0.81 [0.16 to 1.45]	0.02*
Wicksell (2009) Chronic Pain	Coping (PCQ)	C	↓	14	12.8	5.5	15	13.4	3.9	-0.13 [-0.86 to 0.60]	0.74

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Wicksell (2009) Chronic Pain	Depression (CES-D)	C	↓	14	25	10.5	15	18.4	10	0.64 [-0.10 to 1.39]	0.09
Wicksell (2009) Chronic Pain	General MH (SF36: Mental)	C	↑	14	37.5	15	15	42.9	12.2	0.40 [-0.40 to 1.13]	0.30
Wicksell (2009) Chronic Pain	Kinesiophobia (TSK)	C	↓	14	37.8	8.9	15	31.2	6.4	0.86 [0.09 to 1.62]	0.03*

SD = Standard deviation; *d* = Cohen's *d*; CI = confidence interval; IBD = Inflammatory bowel disease; T1DM = Type 1 diabetes mellitus; CFS = Chronic fatigue syndrome; PSFC = Persistent functional somatic complaints; BDI = Beck Depression Inventory; CES-D = Centre for Epidemiological Studies Depression scale; HAMD = Hamilton Depression Scale; RFFD = Risk Factors For Depression; ADIS-IV-C/P = Anxiety Disorders Interview Schedule for DSM-IV: Parent and Child Versions; CGAS = Children's Global Assessment Scale; MH = Mental health; LTC = Long Term Condition; IBD-SAS = Inflammatory Bowel Disease-Specific Anxiety Scale; DSQ = Diabetes Stress Questionnaire; CDI-CP = Children's Depression Inventory-Child and Parent version; K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version- parent and child version; PCSC = Perceived Control Scale for Children; CDRS-R = Children's Depression Rating Scale–Revised; PCQ = The Pain Coping Questionnaire; SF-36 = Short Form 36 Health Scale; TSK = The Tampa Scale of Kinesiophobia. Rater: C = child (self); D = Doctor/Clinician; P = parent; Z = independent evaluator. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 7: Other outcomes at post-intervention after cognitive behavioural therapy intervention.

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Martinović (2006) Epilepsy	LTC specific QoL (QOLIE-31)	C	↑	15	41.4	8.3	15	52.8	6.4	1.55 [0.72 to 2.37]	<0.001*
Serlachius (2014) T1DM	LTC specific QoL (DQOL)	C	↓	51	84.3	14	43	88.7	13.1	0.32 [-0.08 to 0.73]	0.12
Masia Warner (2011) PSFC	LTC symptom (Pain)	C	↓	17	3.9	1.6	20	1.6	1.8	1.33 [0.61 to 2.05]	<0.001*
Masia Warner (2011) PSFC	LTC symptom (Pain)	P	↓	17	4	1.6	20	2.3	1.8	0.98 [0.30 to 1.67]	<0.001*
Masia Warner (2011)	LTC symptom	C	↓	17	7.1	3.3	20	4.5	3.6	0.75	0.03*

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
PSFC	(CSI)									[0.08 to 1.42]	
Reigada (2015) IBD	LTC symptom (PUCAI/PCDAI)	D	↓	11	-0.6	0.9	11	-0.3	0.8	-0.37 [-1.21 to 0.47]	0.40
Serlachius (2014) IBD	LTC symptom (HbA1c)	D	↓	67	8.5	1.3	63	8.3	1.5	0.14 [-0.20 to 0.49]	0.42
Szigethy (2014) IBD	LTC symptom (PCDAI)	D	↓	58	15.3	12.1	49	9.5	12.5	0.47 [0.09 to 0.86]	0.02*
Szigethy (2014) IBD	LTC symptom (PUCAI)	D	↓	17	11.5	16.6	18	11.4	12.7	0.01 [-0.66 to 0.67]	0.99
Wicksell (2009)	LTC symptom (PAIRS)	C	↓	14	51.6	12.3	15	34.5	14.9	1.25 [0.45 to 2.05]	0.002*

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Chronic Pain											
Wicksell (2009) Chronic Pain	LTC symptom (Pain related emotional discomfort)	C	↓	14	5.6	2.3	15	2.6	1.8	1.46 [0.63 to 2.28]	<0.001*
Wicksell (2009) Chronic Pain	LTC symptom (SF-36: Physical)	C	↑	14	36.5	11.9	15	44.0	11.1	0.65 [-0.10 to 1.40]	0.09
Wicksell (2009) Chronic Pain	LTC symptom (Pain intensity VAS)	C	↓	14	5	2.9	15	3.6	2.3	0.54 [-0.21 to 1.28]	0.16
Wicksell (2009) Chronic Pain	LTC symptom (Pain interference)	C	↓	14	6	2.6	15	3.9	3.3	0.70 [-0.05 to 1.46]	0.07
Wicksell	LTC symptom	C	↓	14	14.6	11.3	15	12.3	13.9	0.18	0.63

				Control			Intervention				
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
(2009) Chronic Pain	(FDI-child)									[-0.55 to 0.91]	
Wicksell (2009) Chronic Pain	LTC symptom (FDI-parent)	P	↓	14	13.9	8	15	8.1	10.3	0.63 [-0.12 to 1.37]	0.10

SD = Standard deviation; IBD = Inflammatory bowel disease; T1DM = Type 1 diabetes mellitus; CFS = Chronic fatigue syndrome; PSFC = Persistent functional somatic complaints; *d* = Cohen's *d*; CI = confidence interval; LTC = Long term condition; QoL = Quality of Life; QOLIE31 = Quality of Life in Epilepsy Inventory; DQOL; Diabetes Quality of Life for Youth scale; HbA1c = glycated haemoglobin; CSI = Children's Somatization Inventory; PUCAI = Pediatric Ulcerative Colitis Index; PCDAI = Pediatric Crohn's Disease Activity Index; PAIRS = Pain and Impairment Relationship Scale; SF-36 = Short Form 36 Health Scale; VAS = Visual Analogue Scale; FDI = Functional Disability Inventor. Rater: C = child (self); P = parent; D = doctor/clinician. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 8: CYP mental health outcomes at post-intervention after parenting intervention in CYP with Cerebral Palsy.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2014)	Behaviour (ECBI: Problems)	P	↓	19	18.2	8.2	17	12.6	7.0	0.72 [0.04 to 1.40]	0.04*
Whittingham (2014)	Behaviour (ECBI: Intensity)	P	↓	19	123.3	36.3	17	109.7	27.7	0.42 [-0.24 to 1.08]	0.22
Whittingham (2014)	Behaviour (SDQ: Conduct)	P	↓	19	2.2	2.4	17	1.4	1.5	0.40 [-0.27 to 1.06]	0.24
Whittingham (2014)	Behaviour (SDQ: Hyperactivity)	P	↓	19	5.4	2.2	17	5.2	2.9	0.07 [-0.58 to 0.73]	0.80
Whittingham (2014)	Behaviour (SDQ: Impact)	P	↓	19	3.8	3.5	17	3.8	4.0	-0.01 [-0.67 to 0.64]	0.97
Whittingham (2014)	Emotional problems (SDQ: Emotional)	P	↓	19	3.2	2.6	17	1.8	2.0	0.64 [-0.03 to 1.31]	0.06

Whittingham (2014)	Social dysfunction (SDQ: Peer problems)	P	↓	19	4.1	2.2	17	2.5	1.5	0.88 [0.19 to 1.57]	0.02*
Whittingham (2014)	Social dysfunction (SDQ: Pro social)	P	↓	19	5.8	2.6	17	6.4	3.4	-0.19 [-0.84 to 0.47]	0.58

SD = Standard deviation; *d* = Cohen's *d*; CI = confidence interval; ECBI = Eyberg Child Behaviour Inventory; SDQ = Strengths and Difficulties Questionnaire. Rater: P = parent. *denotes statistically significant mean difference. ↓ = decrease in raw value on scale is beneficial.

Table 9: Other outcomes at post-intervention after parenting intervention in CYP with Cerebral Palsy.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2014)	Parenting (PS: Laxness)	P	↓	19	2.8	0.9	17	2.3	0.8	0.48 [-0.19 to 1.14]	0.16
Whittingham (2014)	Parenting (PS: Overreactivity)	P	↓	19	2.9	0.9	17	2.5	1.0	0.36 [-0.30 to 1.02]	0.29
Whittingham (2014)	Parenting (PS: Verboseness)	P	↓	19	3.2	0.8	17	2.8	1.1	0.41 [-0.26 to 1.07]	0.23
Whittingham (2015)	Parenting (DTS: Confidence)	P	↑	19	86.1	15.7	17	95.3	9.8	0.69 [0.02 to 1.37]	0.05*
Whittingham (2015)	Parenting (DTS: Problems)	P	↓	19	44.5	14.6	17	39.2	17.5	0.33 [-0.32 to 1.00]	0.32
Whittingham (2015)	LTC-specific QoL (CP-QOL: Social wellbeing and acceptance)	P	↑	19	74.5	20.8	17	83.1	15.2	0.47 [-0.19 to 1.13]	0.17

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2015)	LTC-specific QoL (CP-QOL: Access to services)	P	↑	19	55.4	17.4	17	61.8	20.0	0.35 [-0.31 to 1.01]	0.31
Whittingham (2015)	LTC-specific QoL (CP-QOL: Emotional wellbeing and self-esteem)	P	↑	19	72.2	18.8	17	77.2	16.0	0.28 [-0.37 to 0.94]	0.40
Whittingham (2015)	LTC-specific QoL (CP-QOL: Participation and physical health)	P	↑	19	57.1	24.4	17	63.1	18.2	0.28 [-0.38 to 0.94]	0.41
Whittingham (2015)	LTC-specific QoL (CP-QOL: Feelings about functioning)	P	↑	19	63.1	16.1	17	67.8	20.1	0.26 [-0.40 to 0.91]	0.45
Whittingham (2015)	LTC-specific QoL (CP-QOL: Pain and impact of disability)	P	↑	19	32.6	11.3	17	35.5	11.0	0.25 [-0.40 to 0.91]	0.45
Whittingham (2015)	LTC-specific QoL (CP-QOL: Family health)	P	↑	19	56.1	19.8	17	54.4	22.2	-0.08 [-0.73 to 0.57]	0.81

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2015)	LTC Symptom (PEDI: Self care)	P	↑	19	39.2	18.5	17	42.7	18.9	0.18 [-0.47 to 0.84]	0.58
Whittingham (2015)	LTC Symptom (PEDI: Social function)	P	↑	19	42.9	16.9	17	45.8	16.6	0.18 [-0.48 to 0.83]	0.60
Whittingham (2015)	LTC Symptom (PEDI: Mobility)	P	↑	19	33.3	17.7	17	28.1	19.0	-0.28 [-0.94 to 0.38]	0.41
Whittingham (2015)	Parent MH (DASS: Anxiety)	P	↓	19	4.9	7.3	17	3.9	6.4	0.15 [-0.51 to 0.80]	0.66
Whittingham (2015)	Parent MH (DASS: Depression)	P	↓	19	7.7	9.8	17	6.4	9.8	0.14 [-0.52 to 0.79]	0.69
Whittingham (2015)	Parent MH (DASS: Stress)	P	↓	19	12.0	9.5	17	10.5	9.4	0.16 [-0.50 to 0.81]	0.64

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; LTC = Long term condition; DASS = Depression, Anxiety, Stress Scale; MH = Mental Health; QoL = Quality of Life; CP-QOL = Cerebral Palsy Quality of Life (Child); PEDI = Paediatric Evaluation of Disability Inventory. Rater: P

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*

= parent. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 2: CYP mental health outcomes at post-intervention after parenting plus acceptance and commitment therapy intervention.

				Control			Intervention				
Study, LTC	Outcome	Direction of beneficial change	Rater	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Brown (2014) ABI	Emotional problems (SDQ: Emotional)	↓	P	27	3.4	2.2	25	1.9	1.8	0.76 [0.19 to 1.32]	0.009*
Brown (2014) ABI	Behaviour (ECBI: Problems)	↓	P	27	12.9	9.2	25	9.0	8.6	0.43 [-0.12 to 0.98]	0.13
Brown (2014) ABI	Behaviour (ECBI: Intensity)	↓	P	27	134.3	36.8	25	105.6	33.3	0.82 [0.25 to 1.38]	0.005*
Whittingham (2014) Cerebral Palsy	Behaviour (ECBI: Problems)	↓	P	19	18.2	8.2	21	9.1	5.1	1.34 [0.65 to 2.03]	<0.001*

Whittingham (2014) Cerebral Palsy	Behaviour (ECBI: Intensity)	↓	P	19	123.3	36.3	21	97.2	30.6	0.78 [0.14 to 1.43]	0.02*
Whittingham (2014) Cerebral Palsy	Behaviour (SDQ: Conduct)	↓	P	19	2.2	2.4	21	1.7	1.7	0.25 [-0.37 to 0.87]	0.43
Whittingham (2014) Cerebral Palsy	Behaviour (SDQ: Hyperactivity)	↓	P	19	5.4	2.2	21	4.9	2.1	0.22 [-0.41 to 0.84]	0.50
Whittingham (2014) Cerebral Palsy	Behaviour (SDQ: Impact)	↓	P	19	3.8	3.5	21	2.8	3.0	0.30 [-0.32 to 0.92]	0.35
Whittingham (2014) Cerebral Palsy	Emotional problems (SDQ: Emotional)	↓	P	19	3.2	2.6	21	2.5	1.4	0.37 [-0.26 to 1.00]	0.25
Whittingham (2014) Cerebral Palsy	Social dysfunction (SDQ: Peer problems)	↓	P	19	4.1	2.2	21	3.1	2.3	0.47 [-0.16 to 1.10]	0.15
Whittingham	Social dysfunction	↓	P	19	5.8	2.6	21	6.1	2.7	-0.10	0.76

(2014)	(SDQ: Pro social)	[-0.72 to 0.52]
Cerebral Palsy		

SD = Standard deviation; ABI = Acquired brain injury; *d* = Cohen's *d*; CI = confidence interval; ECBI = Eyberg Child Behaviour Inventory; SDQ = Strengths and Difficulties Questionnaire. Rater: P = parent. *denotes statistically significant mean difference. ↓ = decrease in raw value on scale is beneficial.

Table 11: Other outcomes at post-intervention after parenting plus acceptance and commitment therapy intervention.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Brown (2015) ABI	Parenting (AAABIQ)	P	↑	27	88.9	17.8	25	103.0	21.2	0.73 [0.16 to 1.29]	0.01*
Brown (2015) ABI	Parenting (PTFQ)	P	↑	27	42.7	6.4	25	48.4	6.3	0.88 [0.31 to 1.45]	0.003*
Brown (2015) ABI	Parent MH (DASS: Anxiety)	P	↓	27	5.8	9.1	25	2.1	2.7	0.54 [-0.01 to 1.10]	0.06
Brown (2015)	Parent MH (DASS: Depression)	P	↓	27	7.8	9.1	25	5.6	6.3	0.28 [-0.27 to 0.82]	0.32

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
ABI Brown (2015)	Parent MH (DASS: Stress)	P	↓	27	12.4	8.1	25	7.8	6.8	0.62 [0.06 to 1.17]	0.03*
ABI Brown (2015)	Parenting (FAD)	P	↓	27	2.1	0.5	25	1.7	0.7	0.65 [0.09 to 1.21]	0.02*
ABI Brown (2015)	Parenting (PTC: Behaviour)	P	↑	27	73.4	13.9	25	86.3	14.6	0.91 [0.33 to 1.48]	0.002*
ABI Brown (2015)	Parenting (PTC: Setting)	P	↑	27	82.8	13.6	25	89.9	14.4	0.51 [-0.04 to 1.06]	0.07

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Brown (2015) ABI	Parenting (PPC)	P	↓	24	6.5	4.6	15	4.0	3.8	0.58 [-0.08 to 1.24]	0.09
Brown (2014) ABI	Parenting (PS: Laxness)	P	↓	27	3.1	0.8	25	2.2	0.8	1.20 [0.61 to 1.79]	<0.001*
Brown (2014) ABI	Parenting (PS: Overreactivity)	P	↓	27	3.0	0.7	25	2.3	0.9	0.83 [0.26 to 1.40]	0.004*
Brown (2015) ABI	Parenting (RQI)	P	↑	24	33.0	8.7	15	34.8	9.8	0.20 [-0.45 to 0.84]	0.55
Whittingham	Parenting	P	↑	19	86.1	15.7	21	91.0	22.6	0.25	0.44

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
(2015) Cerebral Palsy	(DTC: Confidence)									[-0.38 to 0.87]	
Whittingham (2014) Cerebral Palsy	Parenting (PS: Overreactivity)	P	↓	19	2.9	0.9	21	1.9	0.7	1.11 [0.44 to 1.78]	0.001*
Whittingham (2014) Cerebral Palsy	Parenting (PS: Verboseness)	P	↓	19	3.2	0.8	21	2.3	1.1	0.92 [0.27 to 1.58]	0.006*
Whittingham (2014) Cerebral Palsy	Parenting (PS: Laxness)	P	↓	19	2.8	0.9	21	2.3	1.2	0.43 [-0.19 to 1.06]	0.18
Whittingham (2015) Cerebral Palsy	Parenting (DTC: Problems)	P	↓	19	44.5	14.6	21	35.1	11.3	0.73 [0.09 to 1.37]	0.03*

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Social wellbeing and acceptance)	P	↑	19	74.5	20.8	21	85.8	13.8	0.65 [0.01 to 1.29]	0.05*
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Access to services)	P	↑	19	55.4	17.4	21	63.6	20.8	0.43 [-0.20 to 1.06]	0.18
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Emotional wellbeing and self-esteem)	P	↑	19	72.2	18.8	21	81.2	12.8	0.56 [-0.07 to 1.19]	0.09
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Participation and physical health)	P	↑	19	57.1	24.5	21	69.7	14.1	0.64 [0.00 to 1.28]	0.05*

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Feelings about functioning)	P	↑	19	63.1	16.1	21	70.9	13.8	0.52 [-0.11 to 1.15]	0.11
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Pain and impact of disability)	P	↑	19	32.6	11.3	21	31.5	10.5	-0.10 [-0.72 to 0.52]	0.75
Whittingham (2015) Cerebral Palsy	LTC-specific QoL (CP-QOL: Family health)	P	↑	19	56.1	19.8	21	64.4	19.8	0.42 [-0.21 to 1.05]	0.19
Whittingham (2015) Cerebral Palsy	LTC Symptom (PEDI: Self care)	P	↑	19	39.2	18.5	21	39.8	22.0	0.03 [-0.59 to 0.65]	0.93
Whittingham (2015)	LTC Symptom (PEDI: Social	P	↑	19	42.9	16.9	21	43.3	17.2	0.03 [-0.59 to 0.65]	0.93

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Cerebral Palsy	function)										
Whittingham (2015) Cerebral Palsy	LTC Symptom (PEDI: Mobility)	P	↑	19	33.3	17.7	21	32.7	18.6	-0.03 [-0.65 to 0.59]	0.92
Whittingham (2015) Cerebral Palsy	Parent MH (DASS: Anxiety)	P	↓	19	4.9	7.3	21	2.1	3.8	0.49 [-0.14 to 1.12]	0.13
Whittingham (2015) Cerebral Palsy	Parent MH (DASS: Depression)	P	↓	19	7.7	9.8	21	2.0	4.7	0.76 [0.12 to 1.40]	0.02*
Whittingham (2015) Cerebral Palsy	Parent MH (DASS: Stress)	P	↓	19	12.0	9.5	21	5.8	5.5	0.80 [0.16 to 1.45]	0.02*

SD = Standard deviation; ABI = Acquired brain injury; *d* = Cohen's *d*; CI = confidence interval; AAABIQ = Acceptance and Action for ABI

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Questionnaire; PTFQ = Parent Thoughts and Feelings Questionnaire; FAD = Family Assessment Device; PTC = Parenting Tasks Checklist; MH = Mental Health; LTC = Long term condition; DASS = Depression, Anxiety, Stress Scale; PPC = Parenting Problem Checklist; PS = Parenting Scale; RQI = Relationship Quality Index; QoL = Quality of Life; CP-QOL = Cerebral Palsy Quality of Life (Child); PEDI = Paediatric Evaluation of Disability Inventory. Rater: P = parent. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.											

Table 3: CYP mental health outcomes at post-intervention after group play therapy intervention.

				Control			Intervention			
Study, LTC	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Nekah (2015) Cancer	Anxiety (HADS)	C	↓	6	10.0	3.1	8	6.7	2.1	1.29 [0.11 to 2.46]	0.03*
Nekah (2015) Cancer	Depression (HADS)	C	↓	6	10.2	2.8	8	8.1	1.2	1.04 [-0.10 to 2.17]	0.08
Wang (2012) Asthma	Behaviour (CBCL: Total)	P	↓	19	51.2	11.5	20	47.3	12.8	0.31 [-0.32 to 0.94]	0.34
Wang (2012) Asthma	Coping (CODI: Total)	C	↑	19	91.5	9.0	20	99.8	8.8	0.93 [0.27 to 1.59]	0.006*

Zareapour (2009) Cancer	Depression (CDS-A)	C, D	↓	12	94.1	6.0	12	74.3	5.6	3.40 [2.12 to 4.69]	<0.001*

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; HADS = Hospital Anxiety and Depression Scale; CBCL = Child Behaviour Checklist; CODI = Coping with a Disease Questionnaire; CDS-A = Child Depression Scale-A. Rater: C = child (self); P= parent; D = doctor/clinician. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 43: CYP mental health outcomes at post-intervention after palliative care intervention in CYP with cancer.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Lyon (2014)	Anxiety (BAI)	C	↓	12	4	3.2	16	2.6	2.2	0.52 [-0.24 to 1.29]	0.18
Lyon (2014)	Depression (BDI-II)	C	↓	12	7.3	4.3	16	6.3	5.3	0.20 [-0.55 to 0.95]	0.60
Shoshani (2015)	Anxiety (BSI-18)	C	↓	34	1.15	0.57	32	0.79	0.55	0.64 [0.15 to 1.14]	0.01*
Shoshani (2015)	Depression (BSI-18)	C	↓	34	1.12	0.61	32	0.68	0.49	0.79 [0.29 to 1.29]	0.002*
Shoshani (2015)	Emotional problems (PANAS-C, negative)	C	↓	34	12.61	3.56	32	10.71	3.25	0.56 [0.06 to 1.05]	0.03*
Shoshani (2015)	Emotional problems (PANAS-C, positive)	C	↑	34	17.69	3.88	32	21.48	3.42	1.03 [0.52 to 1.55]	<0.001*

Shoshani (2015)	General MH (BSI-18 Total)	C	↓	34	1.08	0.45	32	0.79	0.33	0.73 [0.23 to 1.23]	0.004*
Shoshani (2015)	Hope (HHI)	C	↑	34	37.22	6.65	32	41.52	3.89	0.78 [0.28 to 1.28]	0.002*
Shoshani (2015)	Optimism (LOT-R)	C	↑	34	16.18	3.18	32	16.89	2.95	0.23 [-0.25 to 0.72]	0.35
Shoshani (2015)	Panic (BSI-18)	C	↓	34	0.8	0.75	32	0.7	0.79	0.13 [-0.35 to 0.61]	0.60
Shoshani (2015)	Somatic Symptoms (BSI-18)	C	↑	34	1.26	0.79	32	0.97	0.69	0.39 [-0.10 to 0.88]	0.12

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; BAI = Beck Anxiety Inventory; BDI-II = Beck Depression Inventory 2; BSI-18 = Brief Symptom Inventory-18 item version; PANAS-C = Positive and Negative Affects Schedule-Child version; MH = Mental Health; HHI = Herth Hope Index; LOT-R = The Life Orientation Test-Revised. Rater: C = child (self). *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 5: Other outcomes at post-intervention after palliative care intervention in CYP with cancer.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Lyon (2014)	LTC specifc QoL (PedsQL Cancer: Total)	C	↑	12	82.7	18.8	16	80.8	22.0	-0.09 [-0.84 to 0.66]	0.81
Lyon (2014)	Parent MH (BAI)	P	↓	12	3.5	8.7	16	4.0	5.1	-0.07 [-0.82 to 0.68]	0.85
Lyon (2014)	Parent MH (BDI-II)	P	↓	12	5.3	8.0	16	5.3	7.7	0.00 [-0.75 to 0.75]	1.00
Lyon (2014)	Quality of Life (PedsQL 4.0)	P	↑	12	66.9	11.1	16	74.7	15.8	0.56 [-0.21 to 1.32]	0.16
Lyon (2014)	Quality of Life (PedsQL 4.0)	C	↑	12	76.2	10.4	16	77.2	13.4	0.08 [-0.67 to 0.83]	0.83
Lyon (2014)	Spirituality	C	↑	12	67.2	14.3	16	78.2	8.1	0.99 [0.19 to 1.78]	0.02*

Shoshani (2015)	Quality of Life (PedsQL: Physical)	C	↑	34	38.8	23.3	32	57.3	18.9	0.87 [0.37 to 1.38]	<0.001*

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; LTC = Long term condition; QoL = Quality of Life; PedsQL = Pediatric Quality of Life Inventory; BAI = Beck Anxiety Inventory; BDI-II = Beck Depression Inventory 2. Raters: C = child (self); P = Parent. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 65: CYP mental health outcomes at post-intervention after relaxation intervention in CYP with asthma.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Bignall (2015)	Anxiety (STAI-S)	C	↓	16	28.3	7.0	14	31.5	9.6	-0.39 [-1.11 to 0.34]	0.30
Bignall (2015)	Anxiety (STAI-T)	C	↓	16	38.4	10.5	14	40.8	12.6	-0.21 [-0.93 to 0.51]	0.58
Yang (2004)	Anxiety (SCARED)	C	↓	31	23.2	7.3	33	18.3	7.0	0.70 [0.19 to 1.20]	0.007*
Yang (2004)	Depression (DSRS-C)	C	↓	31	13.0	4.7	33	8.6	4.0	1.01 [0.48 to 1.43]	<0.001*

SD = Standard deviation; *d* = Cohen's *d;* CI = Confidence interval; STAI-S = Spielberger State-Trait Anxiety Inventory-State subscale; STAI-T = Spielberger State-Trait Anxiety Inventory-Trait subscale; SCARED = Screen for Child Anxiety Related Emotion Disorder; DSRS-C = Depression Self-Report Scale-Children. Rater: C = child (self). *denotes statistically significant mean difference. ↓ = decrease in raw value on scale is beneficial.

Table 7: Other outcomes at post-intervention after relaxation intervention in CYP with asthma.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Bignall (2015)	LTC Symptom (ACT)	C	↑	16	18.1	3.7	14	20.7	2.6	0.80 [0.05 to 1.54]	0.04*
Bignall (2015)	LTC Symptom (FEV1)	Z	↑	16	0.6	0.2	14	0.6	0.2	-0.09 [-0.81 to 0.63]	0.80
Bignall (2015)	LTC Symptom (Peak Flow)	Z	↑	16	0.7	0.3	14	0.6	0.2	-0.44 [-1.16 to 0.29]	0.24
Bignall (2015)	LTC-specific QoL (PedsQL: Asthma)	C	↑	16	67.1	13.7	14	74.8	7.3	0.69 [-0.05 to 1.43]	0.07
Yang (2004)	LTC Symptom (Daytime symptoms)	C	↓	31	1.8	0.4	33	1.0	0.3	2.32 [1.68 to 2.96]	<0.001*

Yang (2004)	LTC Symptom (Night symptoms)	time	C	↓	31	2.1	0.6	33	1.2	0.4	1.91 [1.31 to 2.50]	<0.001*

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; LTC = long term condition; ACT = Asthma Control Test; FEV1 = Forced Expiratory Volume over one second; QoL = Quality of Life; PedsQL = Paediatric Quality of Life Inventory. Rater: C = child (self); Z = researcher. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 8: CYP mental health outcomes at post-intervention after stress management training intervention in CYP with T1DM.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Boardway (1993)	Coping (WOC)	C	↓	7	15.9	3.4	8	16.3	1.2	-0.32 [-1.34 to 0.70]	0.55
Boardway (1993)	Self-efficacy (SED)	C	↑	9	116.0	10.9	8	118.2	15.9	0.16 [-0.79 to 1.12]	0.74
Boardway (1993)	LTC-specific stress (DSQ)	C	↓	8	80.8	37.8	8	80.5	32.5	0.01 [-0.97 to 0.99]	0.99
Hains (2000)	Anxiety (STAI-S)	C	↑	6	39.7	14.4	8	33.8	6.4	0.69 [-0.41 to 1.78]	0.23
Hains (2000)	Anxiety (STAI-T)	C	↓	6	43.3	1.4	8	38.3	6.4	0.48 [-0.59 to 1.56]	0.39
Hains (2000)	Coping (Kidcope:	C	↑	6	3.0	1.4	8	4.3	2.3	0.65 [-0.44 to 1.74]	0.25

	behavioural)										
Hains (2000)	Coping (Kidcope: negative)	C	↓	6	13.8	5.4	8	12.8	8.0	0.15 [-0.91 to 1.21]	0.78
Hains (2000)	Coping (Kidcope: positive)	C	↑	6	3.8	2.6	8	4.4	1.8	0.25 [-0.81 to 1.32]	0.65
Hains (2000)	LTC-specific stress (DSQ)	C	↓	6	76.7	20.0	8	71.0	33.7	0.20 [-0.86 to 1.26]	0.72

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; LTC = Long term condition; WOC = Ways of Coping Checklist; SED = Self Efficacy for Diabetes; DSQ = Diabetes Stress Questionnaire; STAI-S = Spielberger State-Trait Anxiety Inventory-State subscale; STAI-T = Spielberger State-Trait Anxiety Inventory-Trait subscale. Rater: C = child (self). *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 98: Other outcomes at post-intervention after stress management training intervention in CYP with T1DM.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Boardway (1993)	LTC symptom (GHb, %)	D	↓	9	16.4	3.9	8	14.1	1.7	0.73 [-0.26 to 1.72]	0.15
Boardway (1993)	LTC symptom (Fructosamine)	D	↓	8	4.6	0.5	8	4.5	0.5	0.19 [-0.79 to 1.17]	0.71
Boardway (1993)	LTC-treatment adherence (Deviation from diet plan)	C	↓	9	16.6	7.8	8	19.4	5.5	-0.41 [-1.37 to 0.55]	0.41
Boardway (1993)	LTC-treatment adherence (Frequency of blood glucose testing)	C	↑	8	2.2	0.8	8	1.4	0.9	-0.94 [-1.98 to 0.10]	0.08
Boardway (1993)	LTC-treatment adherence (Amount of exercise)	C	↑	9	168.0	101.9	8	166.0	313.2	-0.01 [-0.96 to 0.94]	0.99
Boardway (1993)	LTC-treatment adherence (Deviation from 30 minutes	C	↓	9	24.8	40.7	8	65.9	80.4	-0.66 [-1.64 to 0.32]	0.20

	interval)										
Hains (2000)	LTC symptom (HbA1C, %)	D	↑	6	9.9	1.5	8	9.4	1.4	-0.34 [-1.41 to 0.72]	0.54
Hains (2000)	LTC symptom Blood glucose (mg/dL)	D	↓	6	189.1	19.0	8	240.3	66.7	-0.98 [-2.10 to 0.15]	0.10

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; LTC = Long Term Condition. Rater: C = child (self); D = Doctor/clinician. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial; GHb = total glycosylated haemoglobin; HbA1C = % haemoglobin that has become glycated.

Table 19: CYP mental health outcomes at post-intervention following group play intervention in CYP with hearing loss.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Ashori (2013)	Anxiety (GHQ-28)	C	↓	20	13.3	0.3	20	9.9	0.3	11.13 [8.55 to 13.71]	<0.001*
Ashori (2013)	Depression (GHQ-28)	C	↓	20	15.9	0.3	20	13.1	0.3	10.96 [8.42 to 13.50]	<0.001*
Ashori (2013)	Social dysfunction (GHQ-28)	C	↓	20	12.8	0.3	20	9.0	0.3	15.0 [11.57 to 18.43]	<0.001*
Ashori (2013)	Somatic symptoms (GHQ-28)	C	↓	20	10.2	0.2	20	6.6	0.2	17.38 [13.42 to 21.34]	<0.001*
Ashori (2013)	Mental health (GHQ-28: Total)	C	↓	20	52.2	1.0	20	38.5	1.0	13.17 [10.15 to 16.20]	<0.001*
Pourmohamadreza-	Anxiety	C	↓	20	13.3	1.4	20	9.8	1.4	2.42	<0.001*

Tajrishi (2013)	(GHQ-28)									[1.60 to 3.25]	
Pourmohamadreza-Tajrishi (2013)	Depression (GHQ-28)	C	↓	20	15.9	1.1	20	13.1	1.3	2.41 [1.58 to 3.23]	<0.001*
Pourmohamadreza-Tajrishi (2013)	Social dysfunction (GHQ-28)	C	↓	20	12.8	0.9	20	9.1	1.3	3.26 [2.30 to 4.22]	<0.001*
Pourmohamadreza-Tajrishi (2013)	Somatic symptoms (GHQ-28)	C	↓	20	10.2	0.9	20	6.6	1.0	3.86 [2.79 to 4.92]	<0.001*
Pourmohamadreza-Tajrishi (2013)	Mental health (GHQ-28: Total)	C	↓	20	52.2	1.9	20	38.3	2.2	6.79 [5.14 to 8.44]	<0.001*

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; GHQ-28 = General Health Questionnaire – 28 item version. Rater: C = child (self). *denotes statistically significant mean difference. ↓ = decrease in raw value on scale is beneficial.

Table 10: Child anxiety, depression and markers of immune function at post-intervention following Massage Therapy intervention in CYP with HIV.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Diego (2001)	Anxiety (STAI-S)	C	↓	12	36.8	8.1	12	27.2	7.6	1.23 [0.35 to 2.10]	0.007*
Diego (2001)	Depression (CES-D)	C	↓	12	22.2	9.8	12	15.2	8.8	0.75 [-0.08 to 1.58]	0.08
Diego (2001)	LTC Symptom (CD4 cells/mm^3)	D	↑	12	479.9	200.4	12	506.8	126.0	0.16 [-0.64 to 0.96]	0.70
Diego (2001)	LTC Symptom (CD8 cells/mm^3)	D	↑	12	827.4	262.5	12	755.8	188.5	-0.31 [-1.12 to 0.49]	0.45
Diego (2001)	LTC Symptom (CD4:CD8 ratio)	D	↑	12	0.58	0.17	12	0.67	0.23	0.45 [-0.37 to 0.26]	0.29

Diego (2001)	LTC Symptom (CD56 cells/mm^3)	D	↑	12	135.6	48.7	12	160.0	56.5	0.46 [-0.35 to 1.27]	0.27
Diego (2001)	LTC Symptom (CD56:CD3 ratio)	D	↑	12	84.7	39.6	12	112.9	65.7	0.53 [-0.28 to 1.35]	0.21

SD = Standard deviation; *d* = Cohen's *d*; LTC = Long term condition; STAI-S = State-Trait Anxiety Scale-State subscale; CES-D = Centre for Epidemiological Studies-Depression scale. Rater: C=child (self); D = doctor. *denotes statistically significant mean difference. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 11: CYP mental health outcomes at post-intervention after heart rate variability biofeedback intervention in CYP with chronic pain.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Yetwin (2011)	Anxiety (CASI)	C	↓	10	28.6	7.6	9	28.7	7.3	-0.01 [-0.91 to 0.89]	0.98
Yetwin (2011)	Depression (CDI-S)	C	↓	10	45.4	5.5	9	50.2	12.2	-0.52 [-1.44 to 0.40]	0.27

SD = Standard deviation; *d* = Cohen's *d*; CI = confidence interval; CASI = Children's Anxiety Sensitivity Index; CDI-S = Child Depression Inventory-Short form. Rater: C = child (self). ↓ = decrease in raw value on scale is beneficial.

Table 22: Comparison of other outcomes at post-intervention following heart rate variability biofeedback intervention in CYP with chronic pain.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Yetwin (2011)	LTC Symptom (Faces Pain Scale-Revised)	C	↓	10	3.6	2.6	9	1.3	2.7	0.86 [-0.09 to 1.81]	0.08
Yetwin (2011)	LTC symptom (PPQ: Current pain)	C	↓	10	3.8	2.8	9	1.7	2.7	0.75 [-0.18 to 1.69]	0.12
Yetwin (2011)	LTC symptom (PPQ: Worst pain)	C	↓	10	5.7	3.4	9	5.8	2.9	-0.05 [-0.95 to 0.85]	0.92
Yetwin (2011)	QoL (PedsQL: Total)	P	↑	10	61.6	13.8	9	67.8	17.1	0.40 [-0.51 to 1.31]	0.40
Yetwin (2011)	Sleep (C/ASWS: Falling asleep)	P+C	↑	10	3.6	1.1	9	4.5	1.0	0.78 [-0.16 to 1.72]	0.11
Yetwin	Sleep (C/ASWS: Maintaining sleep)	P+C	↑	10	3.8	1.5	9	4.7	1.0	0.72	0.13

(2011)										[-0.21 to 1.65]	
Yetwin (2011)	Sleep (C/ASWS: Returning to wakefulness)	P+C	↑	10	3.1	1.2	9	3.3	1.6	0.15 [-0.75 to 1.05]	0.75
Yetwin (2011)	Sleep (C/ASWS: Sleep)	P+C	↑	10	4.3	1.3	9	4.4	1.0	0.08 [-0.82 to 0.99]	0.86
Yetwin (2011)	Sleep (C/ASWS: Going to bed)	P+C	↑	10	4.3	1.4	9	3.6	0.5	-0.63 [-1.56 to 0.29]	0.19
Yetwin (2011)	Sleep (C/ASWS: Total score)	P+C	↑	10	3.8	1.2	9	4.1	0.8	0.27 [-0.63 to 1.18]	0.56

SD = Standard deviation; *d* = Cohen's *d*; CI = confidence interval; LTC = Long term condition; PPQ = Varni-Thompson Pediatric Pain Questionnaire; QoL = Quality of Life; PedsQL = Pediatric Quality of Life Inventory; C/ASWS = Child/Adolescent Sleep-Wake Scale. Raters: C = Child (self); P = Parent. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 12: Child depression and other outcomes at post-intervention following a resistance training programme in CYP with Chronic Fatigue Syndrome.

				Control			Intervention				
Study	Outcome	Rater	Direction of beneficial change	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Gordon (2010)	Depression (BDI)	C	↓	11	12.2	6.7	11	14.2	10.0	-0.23 [-1.07 to 0.60]	0.59
Gordon (2010)	LTC symptom (Push Ups)	D	↑	11	8.5	8.6	11	14.4	17.8	0.42 [-0.42 to 1.27]	0.33
Gordon (2010)	LTC symptom (Sit to Stand)	D	↑	11	33.3	13.9	11	37.5	7.7	0.37 [-0.47 to 1.22]	0.39
Gordon (2010)	LTC symptom (Metabolic equivalents)	D	↑	11	9.1	3.2	11	9.8	1.8	0.27 [-0.57 to 1.11]	0.53
Gordon (2010)	LTC symptom (Time to Fatigue)	D	↑	11	9.3	4.0	11	9.1	2.3	-0.06 [-0.90 to 0.77]	0.89
Gordon	LTC symptom	C	↓	11	5.4	0.8	11	5.3	1.2	0.12	0.78

(2010)	(Fatigue Severity Scale)										[-0.72 to 0.96]	
Gordon (2010)	Quality of life (SF-36: Physical)	D, C	↓		11	39.1	4.9	11	39.3	8.7	0.03 [-0.81 to 0.86]	0.95

SD = Standard deviation; *d* = Cohen's *d*; CI = Confidence interval; BDI = Beck Depression Inventory; LTC = Long term condition; SF-36 = Short Form 36 Health Survey. Rater: C = Child (self); D = Doctor/clinician. ↑ = increase in raw value on scale is beneficial; ↓ = decrease in raw value on scale is beneficial.

Table 13: Child anxiety at post-intervention following music therapy intervention in CYP undergoing a painful cancer treatment.

				Control			Intervention				
Study	Outcome	Direction of beneficial change	Rater	N	Mean	SD	N	Mean	SD	*d* [95% CI]	*p*
Bufalini (2009)	Anxiety (mYPAS)	↓	D	19	56.9	16.3	20	36.3	11.5	1.47 [0.76 to 2.18]	<0.001*

SD = Standard deviation; *d* = Cohen's *d*; CI = confidence interval; mYPAS = modified Yale Preoperative Anxiety Scale. Rater: C = doctor. *denotes statistically significant mean difference. ↓ = decrease in raw value on scale is beneficial.

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