Introduction

- * Researcher explains research, asks if any queries on Patient Information Sheet, and confirms / takes consent.
- Ask informant to mark current feelings on Likert distress scale

Background

- I've been told that you attended the A&E department [name] X weeks / months ago after you had harmed yourself— can you tell me what led up to that? What has been happening with you since then?
 - Probe health status / follow up regimen
- What have been the most difficult times for you since you this time?
- How have you coped with these?
 - Probe have there been times when you felt like self-harming again? What prevented you/might have prevented you self-harming at this time?
- [If not mentioned] Can you remember how were you feeling in the first few days/ weeks following discharge/attendance?

Support after leaving hospital

- What support have your received since your attendance at hospital?
 - Probe contact with or information received (e.g. contact details) on mental health services/primary care/vol orgs
 - o Probe what has been helpful / unhelpful?
- Do you feel there has been enough support available to you since discharge/attendance?
- Do you feel you want to stay in touch with the people that cared for you at the hospital?
 - Probe why / why not / does this depend on other social networks / contacts?

'Outreach' interventions - introduction

- Explain we are interested in finding the best ways to stay in touch with people to provide support.
- What do you think would be good ways to stay in touch?
 - o Probe letters or cards / telephone / text / email
- Which of these ways of staying in contact would you prefer? Do you think others would think the same?
- Could such an intervention help someone feeling desperate, or even suicidal? Would it help vou? How?
 - Probe a case of just maintaining a connection, or to be used as a route back to services?
- What would be the barriers to you / others using the intervention?
- Can you think of any disadvantages of keeping in touch in this way? For you / others.
 - Probe what could go wrong e.g. concerns over privacy /ongoing reminder of difficult life event / too impersonal
- Would this be more / less useful than other services already available? Why?

'Outreach' interventions – detailed comments

- How often (and when) would it be useful to receive such contacts?
 - *Probe* would this vary according to how long since you last self-harmed?
- Who do you think the contact should come from?
 - Probe A&E / inpatient / community carers; psychiatrists / other doctors / other staff; vol. sector org.e.g.Samaritans
- What sorts of things should be said in the message to help people when feeling very distressed, or even suicidal?
- Distribute mock ups where available
 - O Probe: usefulness of wording/format used in previous study –show card and ask for comments
 - Probe: how personalised should it be / importance of interaction

Crisis contact card

Explain another idea is giving people a crisis card they can carry with them. The card would have a number to call to speak to someone at the hospital when they are feeling

- particularly distressed, or even suicidal or contact details of voluntary organisations
- **•** *Distribute mock up and ask for comments.*
 - Probe: does it matter how it looks (card or letter) colour/size, format/wording. Who should the contact person be?
 - Whether it is appropriate to make an offer of consultation / inpatient care on the card
- Do you think this would be helpful to you / others? How is this going to help you?/How would this be helpful?
 - *Probe* how would this add to other services?
- Can you think of any disadvantages of carrying such a card with you?
- If the intervention is to be useful, what should happen once you make the call?
 - Probe who would you want to speak to / a shortcut to care or just someone to talk to?
- Would you have found such a crisis card useful at any point since your last attendance at A&E?
 - Probe what happened / how else did you cope with these feelings?
- Would this be more or less useful than getting regular contacts from your/a care team, as we discussed above? Why? Which would be better to provide?

Trial organisation [depends on informant]

- Explain we would like to trial one or two of these interventions, and what this would mean for patients involved (random allocation). One way of testing these things is to give one group of people a card and the other group would not get one. What do you think about that?
- Probe: how would you feel about being in the group that had the treatment? / didn't have the treatment?
- How do you think people would feel about being involved in this sort of research?
 - Probe What would be good ways of encouraging people to take part in the research?
- What would be a good way for us to tell if the person has been helped?

Closure

- Is there anything else you would like to add?
- ❖ Ask informant to mark current feelings on Likert distress scale
- Thank informant and offer summary of results