Staff Interview Topic Guide

Introductory questions:

- How did you understand your role in the screening study?
- Without referencing specific individuals and without sharing PHI, are you aware of participants that were referred on to an early psychosis program via the screening tool who you think would have otherwise been missed?

-Previous interviews have indicated that clients typically stop their involvement in the screening study at three different stages: when the screening tablet is first introduced to them, when they have been screened positive and their permission is sought to submit a referral to, and then finally when they may not for whatever reason take the call from [NAME OF SERVICE] to take part in the screen.

i) Have you had a patient refuse to complete the screen tablet? If so, what were the reasons?
ii) Have you had a patient refuse to be referred to [NAME OF SERVICE]? If so, what were the reasons?
iii) If you have referred a patient to [NAME OF SERVICE] via the screening procedure, are you aware of if they actually spoke to anyone at [NAME OF SERVICE] to complete the screen? Were you aware of any issues which made it difficult for it to take place? Do you know if they eventually received [NAME OF SERVICE] services?

Benefits:
- What do you think were the advantages, if any, of using the screening procedure?
- Were there things about the screening procedures that were favorably received and executed?

Disadvantages:
- What were the disadvantages, if any, involved in using the screening procedure?
- Were there things about the screening procedures that were unfavorably received and executed?

Potential barriers to implementation:
- What were the difficulties, if any, in implementing the screening procedure?
- Was it realistic to implement the screening procedure as intended?
- How did our research procedures fit with routines and procedures in your setting?
- Do the study and screening procedures interfere with workflow?
- Was there someone in a leadership position who encouraged participation?
- Did you need to do additional work to support the patient/family to follow through to the early psychosis program?

    Did anything influence your decision to either provide or not provide support in these cases?

- Without referencing specific individuals and without sharing PHI, how did patients and their families view the screening procedures?

    Did their views influence their decision to follow through to the early psychosis program?

-What changes would you recommend to improve the screening procedure (if any)?

Supplemental Data: Barriers, facilitators and Acceptability to implementing a psychosis screening program

A. Acceptability of screening

A1. Increase in workload

"Interviewer: So, I just wanted to know how it fits with your existing workflow.
Interviewee: I think it's really fast.
Interviewer: Okay, so you've not found that to be a problem?
Interviewee: It has not been a problem." (Participant_10).

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"I think people were kind of, you don't know what you don't know, so they were kind of, "hmm" at first. "This is going to take forever, I don't have the time." So, we were a little slow to gain any kind of traction, but I think people started using it, they were like, "huh, this is easy"" (Participant_02)

A2. Improved client identification

"Maybe it's something that would be noticed later down the line after maybe a few appointments or something, but to me it was something that was able to be caught right then and there, instead of, kind of you know, a few months down the line." (Participant_01).

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"Interviewer: Is it finding patients that might be relevant, that may perhaps otherwise be missed?
Interviewee:

Interviewee: Yeah, I believe so. We had a couple clients that I was surprised that they would even qualify for the screening, because I didn't see it. And in terms of our normal intake questions, they didn't really respond in that way, so absolutely." (Participant_07)

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"I feel like it's helpful that it does a more in-depth screening, in terms of detecting early psychosis. Some of those questions might not have even been on our radar to ask, especially if we're not catching a whiff of psychosis, as you guys like to say. If we're not catching the whiff we may not further explore those areas. I feel like it's a quick and easy way to identify some of those things." (Participant_08)

A3. Increased confidence in clinical judgement

"One [advantage] is confidence. If the tablet is showing anything, and I know there's another level of a higher level of evaluation with the patient, the subtle symptoms are not missed." (Participant_06).

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I think that it does give a good indication to the clinician right from the bat of where they are with that assessment, and they can go from there, and they can talk about it further in the intake afterwards." (Participant_14).

A4. Clear pathway to specialist services

“Also, helping link them up with possible services with you guys on how to help and address those. Psychosis isn't generally a specialty that most of us have, so it's really helpful knowing that there is somebody who does have a specialty that can help support with that.” (Participant_08). - Interviewee: I don't think the symptoms would've been missed, but I think they would have missed out on you know much needed services- because I've had several that I've referred. Interviewer: Ok, so it's almost a way of, it's a pathway that it creates almost as much as an identification? Interviewee: Absolutely. (Participant_02).
A5. Negative aspects of screening “We're already overwhelmed with lots of assessment tools and paperwork and stuff that we have to do, so I guess the main thing for me would be it just seems like something extra added on. And it that's like I guess the difficult part is finding time to, you know, squeeze that in.” (Participant_04) - “I came in at the end of last year, and just some of the feedback that I got from the interns. A lot of them - I shouldn't say a lot - a few of them had their own personal biases about the study without having a lot of… I don't believe he had a lot of information. But it was kind of categorized as a way to identify students who are crazy.” (Participant_18)
B. Service-level factors
B1. Support of leadership “Through meetings with my boss, we've kind of thought that through. And you know the clientele that we're dealing with you know. They don't like robotic. They want more personal.” (Participant_01). **-** “Um. In the beginning they [leadership] had to do a lot of reminding. So yeah, they check in every once a while. Like everyone, you know, or make sure that you're doing it kind of thing. Yeah; I mean I think he's all for it.” (Participant_02) - “[X] is my manager or supervisor, and she does all the training. She does intakes sometimes, so she's just as involved. She's the one that helps tailor our fax forms so that it worked for us. Hopefully, it also still works for you guys, but we needed certain things on it.” (Participant_14).
B2. Organizational issues “When we started, we trained everyone. And we had the meetings and stuff, and the Power Point. But that was probably five generations ago of staff. So; I think people being educated on actually how to do it might be a barrier in that they don't know, then they'll tend to not do it. (Participant_16) - “One of the things that our agency has done that's really helpful is at different steps in our assessment process we have a checklist of these are the papers that need to be done, these are the assessments that need to be completed, and we actually added the [screening tool] to one of those checklists. That's been really helpful. As a manager, I can make sure when that checklist is being turned in, is that EDAP screening paper in there or not. That's been a way that our agency has helped

addressed that in terms of helping them remember to do it and making sure it's being done every time.” (Participant_08) - “I think once the fax form goes to the doctor they're supposed to let you know that that's happened… you know, if it's been faxed over or not. And there's been a little bit of disconnect there. We haven't…. most of the time we don't really know what happens. We have to follow up with the doctor and that's kind of like there's something in the process there that should kind of be fixed” (Participant_01)
C. Client-level factors
C1. Symptoms, low functioning and ongoing life stressors “A lot of the ones I've noticed that refused are people with recent hospitalizations and they're kind of like: I'm already here; why are you making me do something for somewhere else, that kind of thing. Or just overall, a lot of them have had psychotic symptoms for a while and they're just kind of paranoid and guarded in general.” (Participant_09). - Often, they don't have the motivation to even get on the telephone sometimes. Other times, I think disorganized thought process interferes with any kind of telephone conversation. I'm talking about lower-functioning people. (Participant_10). - “Sometimes there's just so much going on in terms of, "I need to go to the housing agency so that we have a place to live. I need to go pick up my social security check so we have food to eat." When you've got those kinds of stressors going on, one more service, regardless of the location, is like… [grunting noise]”. (Participant_08).
C2. Clients wish not to change services I know one parent was a little bit leery, like “why are you, why are you going to send us there? I wanna keep coming here. It's convenient for me”. I had to explain like over there is not that far away, and it, you know, might be better. (Participant_02) - “Sometimes […] they want to wait and see how it goes with my treatment here before they go to a tertiary center. That's how patients usually look at it also. They're being referred to a tertiary center. Maybe they can respond, they get a response from the treatment here.” (Participant_06) - Usually, they're okay to go ahead with the phone interview, but that is a concern that they bring up. “Are we not gonna get services now, then?” because it's usually an immediate need. That's the only one that I can think of that keeps them from it, but they usually will go forward with the interview, as long as that's explained to them. This isn't, “No, we don't wanna see you anymore”. This is “We're gonna make sure we're doing what's best for the kid”.” (Participant_14)
D. Issues specific to the screening program
D1. Screener Introduction “I've done it and it's not really a burden to me because I'm used to it, I'm used to dealing with the mental health side of things, but they've never even done anything related to mental health or

counseling, so they [the receptionists] might not be so comfortable as I was." (Participant_03)
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"Participant: They [the receptionists] were just too busy. They really couldn't do it, they were too busy so they were missing people or they couldn't really be warm. You know, it wasn't like a warm reception as far as getting them acquainted with the tablet." (Participant_15)
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"So, we kind of, we switched up the process. Um… and I thought maybe more of a personal approach as far as one of us bringing the tablet into the customer when they were sitting in the lobby and kind of just having a little chat with them. Making it more friendly, instead kind of an at the counter kind of confrontation. And so, it worked. Most everybody that's eligible, most people do complete the survey." (Participant_01).

D2. Use of a technology-based screener

"With the screening itself, I feel like the tablet versions a lot easier and goes a lot more quickly than the paper version before." (Participant_08).
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"I think they just think it's cool, because we have the PB-Q on paper but I do think, especially the teenage population, they're like, "oh hey, you're giving me a tablet". I think, had it been a paper survey, there might be more resistance for sure, because we're shoving paper at them all the live-long-day, and here you come with this cool tablet and they're like "huh!"." (Participant_02).
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"I'm not like very savvy with technology so it was overwhelming for me, you know, it's - for someone else it's so simple - but for me I'm like "oh my gosh!" and the whole training, I mean we went through the training and I was still like how do I use this? [Laughs]. But after using it a few times and yeah okay this is pretty simple. It goes pretty smoothly." (Participant_04).

D3. Training

"It didn't take very long to incorporate it into my spiel that I give every client that comes in. I thought the training was great. I mean, we came away with all the answers in the packet, so that was helpful." (Participant_14).

"Doing some role play with the interns to build their confidence in being able to answer questions when students have questions […] I know that some scripts are provided, but something a little bit more user friendly that the interns are comfortable with." (Participant_18).
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"I don't know, I mean the solution would be to have, maybe do a training every month, because we have three or four new people every month. Or maybe, yeah, I don't know, just you guys come and train them. Or we give you a list, that sort of thing." (Participant_16).

D4. Communication and access to information

"Yeah, I wonder what happened to that person? Or, you know, what the statistics are as far as how many positive readings amounted to early detection and early help for people. It would be nice to know that […] It would give kind of, definitely more motivation to keep it up. You know? Keep doing it. (Participant_01).
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"Just because I'm a data person, I would appreciate having numbers such as how many were referred at this site specifically. […] Because then, I can say this shows me either it's being done, it's not being done, what can we do to improve it, the same kinds of things that you guys are asking I would be asking myself on the effectiveness of the implementation." (Participant_18).