Supplement Table: Themes and Illustrative Quotes

Theme	Illustrative Quotes
Required Elements for Therapeutic Rapport	
Willingness and ability to engage	"And it's interesting. She [the patient] actually remarked that she felt it was easier to be more open over video versus in-person. Because of her anxiety, just having to get out of the house and interact with people... Even though her and I have a good rapport, she says it's just easier to be more open over video. We had some good discussions about her symptoms." -Participant from a community health center
	"[Telemedicine is a problem] when the connection isn't there [with some patients]. They're feeling strange being on the video, they're distracted by their image of themselves, or there's a lag in the communication and we keep interrupting each other and it's just not the same. I can't really pinpoint why…" -Participant in private practice
	"He didn't really talk a whole lot in the video visits, so I had to depend a lot on his parents' history…He ended up hospitalized again for a similar manic episode. He came out again, and I really at that point had to say, "I think video visits aren't quite enough care for him," just because, again, he doesn't speak a whole lot and he doesn't necessarily want to stay behind a screen, so he'll look his head down or he'll avoid being up to the screen. And so, it becomes very hard to evaluate or assess him." -Participant from an intensive outpatient program
	"It generally comes down to when I have a very engaged patient that I'm well connected to who shares information readily and is open to the back and forth, it works well." -Participant in private practice
Participation in examination/ taking direction	"I also have a percentage of patients with depressive disorder with psychosis, with schizophrenia, and I try and flip flop their appointments. As the pandemic has eased up, we'll do one appointment via telehealth and then one in person. I want to see how the side effects of the medications are affecting them. That's something that is just harder to see on telemedicine…Some people, they just want to show their eyes [on camera], or they don't want to show all of their face. I can't really see how things are going with their body. I can't really gauge things the same way that I can in person… You'd be surprised how many people are like this. I can't see their entire body. You ask them to sit back, and they're like, 'That's how the camera is.' Then it becomes a little bit of a confrontation between me and the patient, and that's all just disappeared when they're in person. I'm just able to really see them and just get a snapshot picture a little more easily than I can over telemedicine." -Participant from a hospital-based outpatient clinic
	"We found at the beginning a lot of patients [lower functioning with chronic schizophrenia] would put their faces really close to the camera. And for these types of patients, even when they do have a web cam, if they are by themselves, if they're not with a secondary caregiver, you can't really tell them to sit back or to position themselves in a way. And it's easier to do the interview in-person." -Participant from a hospital-based outpatient clinic

Theme	Illustrative Quotes
Good connection and technical set up	"I mean, as long as the software is good, and it gives us a complete body language, and the patient is not psychotic… We love it as long as the software is good." -Participant from a community health center
	"I have had a couple of patients who really wanted to do telemedicine and the wifi just keeps breaking up. I would hear every fifth or six word. I told them, 'Unfortunately, you have to come in. I can't hear. I need to be hearing every single word that you're saying. I can't piece the sentences together in my mind.' -Participant from a hospital-based outpatient clinic
	"So, if we've tried and failed a telemedicine visit at least two times, I will insist that they have to come in-person because it's not working. And that actually happens pretty frequently". -Participant from a community health center
	"That [connection problems] happens more often than it should, because the connection isn't good…And it's super frustrating because sometimes things will start off okay. And then for some reason or another, I can't hear them. I'll just give up quickly and just pick up the phone and just call them instead. But that's really disruptive." -Participant in private practice
	"The lower socio-economic status patients I ask to see in person because otherwise I wouldn't see them at all. They don't have web cams." -Participant from a hospital-based outpatient clinic
Telemedicine etiquette	"[I have felt uncomfortable using telemedicine] when I'm doing the visit and then it becomes apparent that there's someone else sitting in the patient's room and they're like, 'Oh my friend's here by the way', and I'm like, 'Oh, well, we should probably end this.' Or if they're at the mall or something, but that's less often." -Participant in private practice
	"The quality of his [the patient's] appointments have steadily gone downhill. He will often be doing things during our appointment like vacuuming or cleaning his cat's litter box. Another time he was in the car... Recently he was using a car with other people and still wanted to continue with the appointment even though he didn't have any way to make the conversation private. They could hear what I was saying and obviously could hear what he was saying." -Participant from a community health center
	"[I have examples of] people sitting on their beds with the computer on their chest and stuff like that. It gets really blurry, too. In one example…the patient starts smoking and he's blowing smoke into the camera." -Participant from a hospital-based outpatient clinic
	"I think another major problem in telemedicine is oppositional patients. Patients that'll just go out of frame or tip the camera to the side, or again, use drugs during sessions, right? So, there are some patients that just make telemedicine, obviously not great." -Participant in private practice
Private space	"I would only be able to agree to telehealth appointments if she [the patient] had a space that was private." -Participant from a hospital-based outpatient clinic

Theme	Illustrative Quotes
	"I'm thinking she [the patient] probably wouldn't like [telemedicine] if there's no privacy at home, but what I've suggested to patients is if they go out to their car if it's not too hot out." -Participant in private practice
Contextual Considerations	
Barriers to coming in-person	"You [the patient] don't have to go through all the crazy effort of coming to see me, waiting in my office, wondering if I'm going to be late, if rush-hour traffic's going to keep you, you can't get the bus. All of that's gone. I am alleviating all of your tension [with telemedicine]." -Participant in private practice
	"I don't think [this patient] could drive if he's fatigued and lightheaded, so I think telemedicine is actually safer." -Participant from a community mental health center
Therapeutic benefit of in-person visits	"I think it's actually good for patients to try to get out of the house. I think there's a lot of benefit from doing that." -Participant from an intensive outpatient program
	"I'm just not sure that him [the patient] putting less effort into his treatment by not coming into appointments is a beneficial aspect here. Unlike the person with the agoraphobia, where that's part of what I'm treating. I would try to encourage this person with all these physical symptoms to move his body and to leave the house [to see me in-person] because it's bad for him not to." -Participant in private practice
	"If I have a really unstable patient [with borderline personality disorder] who I think is being really isolated at home and doesn't want to come out, I would ask the patient to come in person because they do get to see the rest of us at the clinic; they get to sit in the waiting room and see other patients." -Participant from a hospital-based outpatient clinic
	"One [patient I don't do telemedicine with] is an anxious avoidant person, where I just feel like making her get out of the house into to the office is part of the therapy." -Participant in private practice
Need for physical exam and vitals	"I would be okay with doing telehealth visits, but I would want to see him [this patient] at least once to do a neurological exam and also be able to kind of visualize the symptoms he's describing, the feeling heaviness and weakness, and just to see how he moves in person." -Participant in private practice
	"[Telemedicine is not appropriate with] patients where I have a concern that they're having like a medical side effect or side effect to a medicine, and I need to do a physical exam in person which would include vitals…Or I think I need to check their weight. Or some of my adults don't like the SNRI or different patients where they might be having weight gain on antipsychotics, like they probably need to come in and get vitals, their weight checked." -Participant from a hospital-based outpatient clinic
	"So, if [the primary care provider] they can actually see him [the patient], if they have a blood pressure machine at home as well, then obviously it would make me more comfortable doing just telemedicine visits." -Participant in private practice

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	"[I want certain older patients to come in] At the very least I would like to be able to get vitals. That's something I feel like a lot of our psychiatric older patients kind of miss if they were continuing to do telepsychiatry." - Participant from a hospital-based outpatient clinic
	"And again, if I to do a motor exam, if I have to do a physical exam, so that could be schizophrenia where side effects, extrapyramidal symptoms from the medication, I need to see them. I need to do a blood pressure and heart rate sometimes. Even things you you're supposed to do with some of the meds, like waist circumference…I have to do it in person." -Participant in private practice
Seeing other providers	"[I am comfortable seeing this patient via telemedicine as long as] someone is seeing him in-person. It doesn't have to be me. It can be his primary care doctor." -Participant in private practice
	"I mean, I don't know why we have to be [together in person] other than yes, I mean, of course all patients would require vitals. But I mean, if you are seeing a patient every month, you can do the vitals every three months. It is not a must thing that on every visit, you have to have. But if somebody has a good primary care doctor, then we can do it [telemedicine]." -Participant from a community health center
Involvement of caregivers and family members (to offset limitations of telemedicine, to provide additional information)	"Telehealth particularly because it may give the chance for his [the patient's] mom to be a part of the interview as well, which would give some good collateral information." - Participant from a community health center
	"Value of telemedicine to see the home dynamics, and potentially bring a family member into the visit that might not typically be able to participate in an in-person visit because they're working or whatever that might be." - Participant in private practice
Insight into home life	"One thing that has been good is to get to see the patient and their home environment, or their car or whatever, and see like if their house is clean or dirty because sometimes that can be a sign of bad mental illness or good mental health. And so [with telemedicine] you get to see that part of patient's life, which I'd never ever seen before." -Participant from a hospital-based outpatient clinic
	"Like this may be someone actually where telemedicine would be ideal, because I may be able to see their living situation. If they're willing to take the camera around the house, that sort of thing, that I wouldn't be able to do at an office appointment. I think I'd still want to see the condition of their house to get some objective evidence of how they're functioning at home." -Participant in private practice
	"The second time [I saw a patient] she was in her home, and that was really great. I really got a feel for her living situation. And that was helpful." - Participant in private practice

Theme	Illustrative Quotes
Safety of psychiatrist and staff	"Somebody that can get psychotic and agitated, sometimes that would be nice to not have in person anyway, just for my personal safety reasons. If he [the patient] gets mad, at least I'm not physically in an office with him and I could still call the police to go check on him if something were to pop up" - Participant from a hospital-based outpatient clinic
	"I will tell you that, for some of these very verbally abusive patients that are sometimes difficult to get rid of in your practice, telemedicine has been a joy. We have a few patients that would verbally abuse the staff but not to a point that you can dismiss them. They're rude. They're dismissive. They can get a little bit intimidating. I have had patients where I make sure that I'm sitting near the door, that I have to tell them very, very calmly, "I need you to lower your voice. I can see that you're getting really upset... Being able to do some of these appointments via telemedicine, where you don't have to worry about your staff's safety, that's a plus. I don't know how many people would actually admit that, but that's true." -Participant from a hospital-based outpatient clinic
	"As I'm talking, and you had mentioned violent patients, that's where, I have to tell you, I actually like the option of the video because I have been assaulted before. And when [a patient] escalates in the office, it's uncomfortable. Even with the recommendation of putting our table by the door… if they are going to become violent [at home], they're going to do it without my safety at risk. I would think, theoretically, they'd be less likely [to get violent] within the comfort of their own home." -Participant from a community mental health center
Challenging Conditions*	
Substance use	"Also, for some of my patients with a substance abuse history, I don't have the ability to do urine drug screens in the office. I have to wait for them to go to the lab on their own time to do the drug screen. And I feel like my ability to assess sobriety is not quite as good as when I have them right in front of me… So, I have a bunch of urine drug cups in my office drawer. And if I have a patient where I'm questioning your sobriety, I can send him down the hall to the bathroom, to pee in a cup and look at it right there and get a real-time sense. But in telemedicine, it's easier for them to opt out and it's, if they haven't been smoking, it's just, haven't had time to get to the Quest to try to push off the visit because I have no way to do a forced pee cup. And aside from testing, it's also the face-to-face. When you watch a patient walk down the hall and sit down and see their body language and smell the smoke, it gives you some information that you don't have when you're limited to a screenshot of just their face." -Participant in private practice
	"And I want my people that are on controlled medicines [including buprenorphine and benzodiazepines] to be accountable, to be held accountable, to be able to reflect why they're held accountable and all that, but that's very hard to do sometimes without having to... There are some things I just want my patients to do, like come in for urine drug screens and things like that. And that's hard to do on telemedicine." -Participant from a community health center

Theme	Illustrative Quotes
	"I know the counter argument [argument against doing telemedicine]… 'Well, suppose he looks disheveled and drunk.' I would say, well, A- I could hopefully hear slurring of words [via telemedicine]. B- I've known him for a year, so I know what his baseline engagement style is…. [You can say it is important to see them in-person to smell their breath] but the truth is, psychiatrists don't get within two or three feet of patients. We're often three yards away. We wouldn't even have that benefit. We're not an emergency room doctor bending over them, looking in their eyes or in their mouth to get a whiff of alcohol." -Participant in private practice
Suicidal ideation	"[If the patient has suicidal ideation] and we need to think about hospitalization, it'd be much easier it the patient is there in person… to arrange hospitalization" -Participant from Veterans Affairs
	So, [this patient] has no history of suicidal ideation and substance use disorder. So, to me, that's lower risk for me missing something over telemedicine." -Participant in private practice
	"I can think of a patient with a diagnosis of major depressive disorder, moderate to severe recurrent, with suicidal ideation. The patient was having some suicidal ideation. The connection [on telemedicine] was choppy. We had to reconnect a few times. I'm feeling frustrated. The patient is feeling frustrated. I have a full schedule, and now I have to worry that there's this added layer of 'Is this patient safe to go home? I haven't had enough time to do a clear assessment. Would I have to have a well-check visit?' all these things swirling through my head. So yeah…. I think that, when they're in person, they would be in front of me. Even if the phone or the connection is hanging up when I'm doing telemedicine, when they're in front of me, they're there. I know that they're safe in that moment. When I'm doing telemedicine, the safety aspects of them in that moment is harder to gauge." -Participant from a hospital-based outpatient clinic
	"[Suicidal ideation on its own is not enough to justify not providing telemedicine] So I think the patients that won't actively engage in the appointment, like won't actively engage in safety planning, those would be ones that I would tell they would have to come in-person for their visits. So, for instance, we had to call EMS because [a patient via telemedicine] wouldn't engage in safety planning, that's part of his personality disorder and so he's one that has to come in-person because he's so frequently suicidal and won't actually engage in any his treatment." - Participant from a community health center
	"For suicidal ideation, I feel it's a case-by-case basis. Some patients really feel comfortable just talking to me [via telemedicine], then I will be okay with that. But again, provided there's an emergency contact person, or a social support system in place where I can engage that person." -Participant in private practice

Theme	Illustrative Quotes
	"I would say a good majority of that [preference for in-person visits] is being able to escalate care. And then if we don't know the patient as well it helps us with a more accurate risk assessment. Some people are very chronically actively suicidal all the time and we still see them through telemedicine because we know that the patient is less likely to... We're just more comfortable with the patient, so that's okay." -Participant from a hospital-based outpatient clinic
	"The suicidal ideation is close to a period of time where it can go into suicidal attempts. So, with that, I really felt strongly that it was best if he come in and we adjust medication with him talking to me and him telling me what he does every day. And I felt much more comfortable with seeing I'm often, working on medication with him in person and documenting notes with him available." -Participant in private practice
Psychotic disorders	"My experience with patients like this is that they don't do well with telehealth. I think he sounds like he's too low functioning. So, unless he's higher functioning than he sounds, I don't see why that would be better. And I find it builds better rapport with people [with paranoia], if you see them in-person." -Participant in private practice
	"Our lower functioning patients we definitely push to see in person. That actually correlates really well with the patients who are getting injectable medications, too. So, for some reason or another we do end up seeing them in person." -Participant from a hospital-based outpatient clinic
	"It is just hard to establish a relationship with… [patients who have chronic paranoid schizophrenia] over technology. The suspicion… there is just one other factor that you eliminate by having in-person appointments." -Participant in private practice
	"But I do believe that patients with schizophrenia who do not have severe schizophrenia/who are not paranoid, they are more compliant, and they engage in treatment more regularly than before when there was no telemedicine for these patients in particular." -Participant in private practice
	"And the new drug reps that do Ingrezza and Austedo, the drugs that treat tardive dyskinesia, have done really well at having us do Zoom tardive dyskinesia rating scales and they're well done. But there's nothing that is as good as looking at akathisia, the movement disorder, or any type of restless legs, is part of akathisia, the parkinsonian symptoms in person, because part of it is getting out of a chair and walking up and down, that they can't sit still. You can't see that, you can on video, but you really can't get the intensity or the energy behind it. So, it would really do best in your notes to include a face-to-face interview. [Once a patient is stable] He's a great candidate for telemedicine. He doesn't need to come in. You don't want a… [patient with schizophrenia] on the bus, on the trolley, on the train. Public transportation exacerbates paranoia, exacerbates the voices. So, when we get that system in place, then telemedicine is perfect for this guy. And that's how he should be managed long-term." -Participant in private practice

Theme	Illustrative Quotes
Eating disorders and other times when it is important to get an accurate weight measurement	“My eating disorder patients, where I feel like their self-supported weights are just not what I want. I want to see them in-person. I want to see how thin they look. I want to put them on the scale. And the fact that I'm only getting the view of their face [via video], but they want me to see the way that they're telling me, is not good. So, for a few eating disorder patients, I don't like it [telemedicine].” -Participant in private practice
	“But if we're concerned about weight loss from a medicine, again, as a medicine side effect, it would be best for them to come in office so we can get an official weight because that could potentially lead to a liability thing if it's like, oh, well they were weighed at home and it was inaccurate and they have some medical problem and it's like, "well, you should have weighed them in your office." (5)
	“I would not be comfortable [with telemedicine]. Someone with a true eating disorder, unless they're going to go and get on the scale and show you ... We do have a scale at my office. It's just different when they're forced to do it in person.” -Participant from a hospital-based outpatient clinic
	“You can say that an eating disorder patient with a history of severe anorexia is a problem by telemedicine because of monitoring weight. But then I have one eating disorder patient who's at the beach with her family all summer, is never going to come into the city, and whose mother I trust completely to do naked weight checks and report them to me. And I think that she's much better off with tele than without care, for the summer. So, I think everything is very situational in terms of what resources you have around the patient and the family and your relationship with the patient, to mitigate what the problem is and make it reasonable.” -Participant in private practice
Trauma	“I have strong feelings that if you're doing intensive therapy for trauma work, I just feel like it's impossible not to take a position that you are discounting their experience by doing it via video. It just really feels like you're not really there with them... And I feel like you're bringing just something to the table that is, your problems are not good enough for an in-person appointment. And they [the patients] really sense that because of their trauma experience. And sort of the nature of the therapeutic session is just so intense. And you want it to be intense, that you only get there in person. It's really hard to do that online.” -Participant in private practice
	“I have one patient where I'm doing exposure trauma therapy right now to work through some brutal stuff in the past, via video twice a week, and it's working fine, because she's engaged and committed and trying.” -Participant in private practice
Intimate partner violence	“There is no sort of domestic abuse going on, no imminent danger to herself [the patient], then there is no need for me to insist that she leave her current safe space of her home and come to see me.” -Participant in private practice

Theme	Illustrative Quotes
	"The intimate partner violence is interesting, because I think over telemedicine…it is harder to talk about relational conflict. I feel like for some people it is harder to talk about relational conflict, but there is also a type of intimacy over telemedicine that makes it, in a way, easier for others. So, if I was more concerned about the intimate partner violence, I would bring her [the patient] in person." -Participant from a hospital-based outpatient clinic

*Quotes include examples of psychiatrists being comfortable as well as not being comfortable conducting telemedicine with patients with the listed conditions