Appendix 1. Semi-structured interview schedule

**Introduction and background**

“The aim of this research is to investigate how young person’s experiencing a crisis mental health event are managed by the Gardai. For instance, if the gardai are called to manage or assist a person **under 18 years** who is displaying behaviour which suggests that they may be experiencing serious mental health issues, how do gardai manage and respond to this scenario, and what does the young person’s pathway to mental health assessment and intervention look like once the Gardai become involved?”

Part of this pathway can involve referral to hospital. Thus, we are keen to gather insights from practitioners who work in accident and emergency. Specifically, regarding their experience with young persons in Garda custody, how they liaise with Garda members/ social workers/ parents, their role within the pathway (referral), and thoughts about how this pathway to care may be improved (opportunities and challenges).

**Participant background**

What is your role/position?

How long have you been in your current position at this hospital?

How many years’ experiences do you have worked in accident and emergency?

**Experience and contact**

During your time as a doctor, have you ever treated a child experiencing a mental health crisis who was escorted to accident and emergency by Gardai?

**Prompts**:

* Delusions
* Hallucinations
* Extreme paranoia
* Suicidal/self-injurious behaviour/aggression.

How frequently would you estimate that this type of case arises?

If I asked you to paint a picture of a ‘typical’ case or the last case you dealt with of this nature, what would it look like?

**Prompts**

* Age/gender of young person
* Symptomology
* Recurring mental health Issue
* Psychosocial issues (family/peers/school)

What is your experience of liaising with parents/carers in such scenarios?

**Prompts**

* Parental responsibility?
* Resistance or cooperation?
* Emotional state: anger, fear, distressed, exasperated/ fed up?
* Would increase societal awareness about mental health help?

What are your primary concerns when faced with a managing a situation concerning a young person experiencing a crisis mental health event?

If the issues turn out to be psychosocial as opposed to mental health related, are your anxieties/concerns different?

**Prompts**

* Any specific concerns, worries, anxieties?
* Health and safety [young person, family, public]
* Ease of access to an urgent mental health assessment or if required, treatment

**Response** – **protocol and procedure**

I’m going to outline a ‘hypothetical case’. Afterwards I would like you talk me through what your role as a doctor involves in response to this type of scenario.

**Case Exemplar**

“Gardai have removed a 15-year-old boy from his home following a domestic disturbance which involved the boy assaulting his mother and his younger sibling. When Gardai arrived, the child had barricaded himself into his bathroom with a hammer and was refusing to come out. The boy’s mother informs the Gardai that her son’s behaviour has become increasingly worrisome over the past couple of weeks. She says he has become reclusive, is getting very little sleep, and is paranoid that web-enabled devices are ‘watching and listening to him’. She explains that this evening’s altercation was a result of her coming home from the supermarket to find that her son had smashed all the web- enabled devices in their home with a hammer, including her mobile phone, the family computer and the smart tv. When she confronted him about it, he insisted she was ‘in on it with the government’ and assaulted her and his younger brother.

Following a GP assessment at the Garda station, the child has been referred to Accident and Emergency for a mental health assessment. Gardai escort the young man to hospital. The boy’s mother will follow once she has sourced childcare for her other children.”

What happens when the child and the Garda arrive in accident and emergency?

Is there a specific protocol/procedure/documentation?

**Prompts**

* A common issue the gardai voiced was that incorrect paperwork can serve as a barrier to hospital admission, do you have any experience of that?
* Another issue was catchment area. Can children from other parts of the country receive care here? (say for instance from Galway?)

Do you require the officer to stay and assist?

Does the parent have to be present to begin assessment/treatment?

**Prompts**

* What is the legal status of the patient?
* Refuse treatment?

Any differences in managing children 0-16 and 16-18?

**Opportunities and challenges**

Are there are specific protocols or policies that you must follow when dealing with such a case

**Prompts**

* Tusla/parental
* Are there any specific challenges associated with a case like this:
* Practicalities and workability of protocols, policy and procedure?
* Managing distressed patients?
* Dealing with parents?
* Inter-agency linkage with HSE clinicians, CAHMS, Tusla and other government bodies

Do you have any thoughts as to how these challenges may be addressed so that the pathway from garda contact to mental health assessment and intervention may he streamlined and improved?

**Prompts**

* Perceived solutions, changes, or amendments to policy/protocol/practice?
* Training?
* Is there an approach that you have found useful in the past?

**Liaising with other agencies**

What has your experience been of liaising with garda members when dealing with a young person with serious mental health issues?

What has your experience been of liaising with other agencies/ professionals such as Tusla/CAMHS when faced with a case like this?

**Prompts**

* Difficulties or challenges faced.
* Workability and practicality of inter-agency linkage?
* Helpful – supportive – accessible – responsive?
* Burden?

Based on your experiences, have you any suggestions for how communication and engagement could be improved?

**Prompts**

* Perceived solutions, changes, or amendments to policy/protocol/practice
* Would a formal interagency relationship or plan help?

In your opinion, what are the factors which influenced a positive engagement with Gardaí?

**Prompts**

* Their interaction with the patient, with staff, with family/carers?
* Do you think they are adequately trained to manage these situations?
* Do you think further training would be beneficial?
* Are more supports needed? If so, what?

Do you think there is anything the HSE or Tusla can do to improve young person’s pathways from garda contact to mental health assessment and intervention?

**Ideal Pathway**

In your opinion, what would the ideal pathway from garda contact through to the initiation of mental health assessment and treatment look like for a young person experiencing a crisis mental health event?