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Finding Voices: a survey of young people's experiences of the ED

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ABSTRACT

Background Mental health presentations in young people are increasing. Recurrence of self-harm (SH) presentations is common and of great concern since self-harm is known to be a risk factor for suicide. Previous reports suggest that the ED experience for this group is poor. A study was carried out at the Royal Berkshire NHS Foundation Trust. The objective was to pilot new and existing measures to capture the perceived needs and expectations of young people attending ED following SH compared with those attending with suspected fractures (SFs).

Methods Young people were approached to complete a questionnaire as they arrived in ED and again before they left. Questionnaires were a combination of pre-existing tools as well as piloting novel questions specific to the ED where no suitable tool previously existed. Satisfaction with the ED treatment was measured along with reattendance up to one year later.

Results The survey was started in 2019 and suspended in March 2020 at the outset of the COVID-19 pandemic and subsequently closed, having screened 917 and recruited 104 adolescents. All the measures showed satisfactory psychometric properties with internal consistencies (alpha) of over 0.75. The two patient groups differed at baseline: it was found that the SH group had lower mood on the Short Mood and Feelings Questionnaire ($p < 0.001$) and scored more highly on the Borderline Personality Features Scale for Children than the SF group ($p < 0.001$) but the expectations of care across both groups was similar. Using the experience measures, the SH group was less satisfied with treatment than the SF group ($p = 0.0263$).

Conclusion Our findings underline the similarities between the two groups in terms of their expectations of care. Terminating the study early at the outset of the COVID-19 pandemic has precluded any further firm conclusions to be drawn. Further research is needed.

INTRODUCTION

Mental health presentations in children and young people continue to rise. A 2020 report from NHS Digital found that one in six (16.0%) children aged 5–16 years were identified as having a probable mental health disorder, increasing from one in nine (10.8%) in 2017.¹ In addition, there is evidence that the prevalence of self-harm (SH) in young people continues to rise with a recent review stating that one in five 16–24 year olds reported an episode of SH.²

The Royal College of Emergency Medicine in collaboration with the James Lind Alliance (JLA) Priority Setting Partnership identified the need to

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Adolescents with self-harm (SH) commonly present to the ED.
- ⇒ Recurrence is a significant issue and there is a clear association with a risk of suicide.
- ⇒ The ED experience of this group of patients is reported as poor.

WHAT THIS STUDY ADDS

- ⇒ It is possible to engage young people presenting with SH and undertake research in the ED setting.
- ⇒ The expectations of care and how they describe their experience is similar between the two groups.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ While limited by sample size, this study demonstrates that it is possible to conduct research with adolescents with SH in the ED.
- ⇒ Improving care for patients with mental health presentation to the ED is a JLA (James Lind Alliance) priority.
- ⇒ Further research is needed to better understand how to improve the care of this population.

optimise the care for patients with mental health in the ED as one of the top 10 research priorities for the specialty: focusing on both staff training and patient experience.³ SH among adolescents is a major concern because it gives rise to considerable distress and disruption in young people's lives. SH commonly recurs and is associated with increased risk of completed suicide.^{4 5} Reduction of recurrence is a major priority with studies reporting no single effective treatment or intervention over a period of time following initial presentation.^{4 6}

In 2018, the Care Quality Commission (CQC) undertook a comprehensive, independent review of children and young people's mental health services in England.⁷ While they found a number of examples of good practice, they also found the system to be complex and disjointed. They describe a system under pressure, from schools to the voluntary sector, to acute trust to specialist Child and Adolescent Mental Health Services (CAMHS)—and all regulated by different agencies. The unintended consequences of fragmented care drives demand in EDs as children, young people, their families and carers find they have to reach crisis point before they are able to get help. The experience of care in the ED is repeatedly described as negative.^{7 8}

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Previous studies have concluded that contact with social services, CAMHS and the ED are the least helpful for young people presenting with SH.⁸ Of note, within the 2020 CQC survey on Urgent and Emergency Care, younger people, females, people who reported a mental health condition and people whose attendance lasted more than 4 hours consistently reported poorer experiences of ED.⁹

This raises the question of whether such negative experiences may add to risk of repetition of SH, and conversely whether better ED experiences may be protective.^{7 10} There are no previous controlled studies comparing the experience of any young person presenting to the ED to the experience of those presenting with a mental health problem. Research on both ED and ambulance staff attitudes to children and young people presenting with SH have found staff to be willing to help.¹¹ However, it is often cited that there has been a lack of training for frontline teams to deal with mental health issues.^{12 13}

The aim of the study was to compare levels of needs and expectations and subsequent patient satisfaction between two groups of adolescent patients in the ED. We hypothesised that adolescents who attended ED with SH would have lower expectations of care from ED staff than adolescents attending ED for other reasons, which may then relate to their satisfaction. Adolescents attending with a suspected fracture (SF) were chosen as the control group because this is a common reason for ED presentation, in the same age group, with a straightforward care pathway.

The objectives were as follows:

1. To pilot new and existing measures to establish a range of perceived needs, expectations and satisfaction among adolescent patients attending ED following SH compared with those attending with SFs.
2. To report on the reattendance rates at up to 1 year.

METHODS

This was a case-control study that was carried out in the ED of a busy district general hospital from July 2019–March 2020, which terminated early due to the onset of the COVID-19 pandemic. Follow-up was completed 12 months after the initial attendance. The annual attendances to the ED were approximately 110 000 with about one-quarter under 16 years of age. The paediatric ED was managed and staffed by the same team as the adult ED, including dual accredited Paediatric Emergency Medicine consultants. Both doctors and advanced clinical practitioners worked in paediatric ED seeing both injury and illness presentations.

Data collection took place when research staff were present in the department. A service evaluation undertaken in 2017 allowed the research team to profile the times when children and young people presented with SH. This evaluation found that two-thirds of presentations were outside of office hours. We used this information to roster the team of trained researchers across 7 days a week, including evenings until 22:00 and weekends.

All research staff approaching patients were postgraduate psychology students with previous experience working with young people, often those with mental health needs. All researchers were trained in the conduct of the study, had Good Clinical Practice training and had training sessions on how to approach participants before being allowed to recruit.

Study inclusion criteria were patients aged 12–18 years old attending ED with either SH or SF. The children and young people excluded from the study were those with insufficient English to understand the study, intoxication, an acute psychosis,

a possible self-inflicted fracture or in need of urgent medical treatment. Those previously included, too distressed to take part or those unable to consent were also excluded.

Adolescent patients attending with either SH or an SF were identified from the electronic patient record (EPR) by researchers, who then requested permission from the clinical staff to approach the patient about the study. Informed consent from patients over the age of 16 to participate in the study was completed with the researcher on duty. Those under the age of 16 gave their assent to participate in the study, with consent provided by their parents. Baseline demographics were then captured by the researcher. Questionnaire 1 (Q1) about perceived needs and expectations of ED was started by the patient within 30 min of arrival to the ED, and questionnaire 2 (Q2) was undertaken after at least 2 hours, just before discharge from the ED, about their experience in ED. Each participant had the opportunity to complete the questionnaire in private. They were asked to score statements on Likert scales.

Both questionnaires had several sections, as outlined in [table 1](#), with relevant additional questions for the SH group. The questionnaires are included in online supplemental appendix 1. We used a combination of pre-existing tools as well as piloting novel questions, specific to the ED, where no suitable tool previously existed.

At 12 months, the EPR was reviewed for all patients, searching for reattendance(s) to ED and the reason for any reattendance was recorded.

Data entry

Questionnaires were completed on paper and subsequently transcribed into a secure database by the researchers.

Patient and public involvement

Children and young people were involved in the study design through local focus groups that included looked-after young people. The prevalence of SH is higher in looked-after young people and they are more likely to present to ED for its management.⁸ Young people who had previously presented to the ED with SH were involved in pretesting all questionnaires and their feedback was incorporated into the design.

Sample size

For prediction of experience of patient care to experience of staff care, the sample size of 150 will have 80% power to detect a correlation of 0.23 at $\alpha=0.05$, and similar power for multiple linear regression with up to three covariates. For comparison of means between the SH and SF groups, there will be 80% power to detect a standardised difference in means of 0.32 at $\alpha=0.05$.

Missing data

A small number of missing data points were imputed using the median of the group for the item involved. The criteria for using imputation were that data had to be missing from only one or two items within a section. In total, 15 data points were imputed (2% of the missing data).

Statistical analysis

All analysis was performed using the R statistical program.¹⁴

The internal consistency of each section of the questionnaires was checked with Cronbach's alpha using the 'psy' package in R.¹⁵ An alpha larger than 0.75 was considered as acceptable.

Table 1 Description of questionnaires 1 and 2

Section	Title and abbreviation	Overview	Origin	Number and style of questions	Analysis method
Questionnaire 1 (Q1)					
Section 1	Royal Berkshire Emergency Department Patient Needs and Expectations Questionnaire RBED PNEQ	What is important to you while you are in the ED?	Devised for the study to enquire what adolescents feel they need and expect from their ED attendance.	Self-harm: 11 Suspected fracture: 8 10-point numerical Likert scale for each question.	Analysed item by item
Section 2	Expectations of Staff Care Instrument ESCI	What are you expecting from staff in the ED?	Seven items were adapted from the 25 in the Parental Bonding Instrument, ¹⁷ which is a widely used, valid, reliable measure used with adults to assess recalled care from parents during childhood. Items were adapted to refer to staff rather than parents, and selected to reflect expectations of care.	Both groups: 7 items 5-point Likert scale: not at all/a little/quite/ definitely/very	Summed to a total score (range 7–35)
Section 3	Short Mood and Feelings Questionnaire ^{18 19} SMFQ	How have you been feeling over the past 2 weeks?	Validated measure assessing Diagnostic and Statistical Manual Mental Disorders (DSM) symptoms of depression over the prior 2 weeks. ²⁰ The measure has been widely used in general population studies. ^{21 22}	Both groups: 13 items 3-point Likert scale: not true/sometimes/true	Summed to a total score
Section 4	Borderline Personality Features Scale for Children ^{23 24} BPFSC	What are you usually like?	Validated measure, includes reliable self-report measure of adolescent borderline symptoms.	Both groups: 11 items 5-point Likert scale: not at all true/hardly ever/sometimes/often/always true	Summed to a total score
Questionnaire 2 (Q2)					
Section 1	Royal Berkshire Emergency Department Patient Experience Questionnaire RBED PEQ	What was your experience in the ED?	Matched to section 1 of Q1 (RBED PNEQ) to ask about experience rather than expectations.	Both groups: 8 items 10-point numerical Likert scale for each question	Analysed item by item
Section 2	Experiences of Staff Care Instrument ESCI	My experience of staff in the ED.	Matched to section 2 of Q1 (ESCI) to ask about experience rather than expectations.	Both groups: 7 items 5-point Likert scale: not at all/a little/quite/definitely/very	Summed to a total score
Section 3	Client Satisfaction Scale ^{25 26} CSS	How satisfied are you with your treatment in the ED?	Validated measure in an adult in-patient psychiatric setting with substitution of 'our programme' by 'the Emergency Department' (ED). The Client Satisfaction Scale has been shown to have excellent internal consistency when used in a hospital setting. ²⁷	Self-harm: 8 Suspected fracture: 7 4-point Likert scale Higher scores reflect more dissatisfaction	Summed to a total score

Differences in patient characteristics between the two groups (SH and SF) were examined using statistical techniques that were appropriate to the distribution of the data. χ^2 tests (with Yates' continuity correction, where cell values were small) were used to examine associations between count variables. Differences were considered significant if $p < 0.05$ and were then assessed for inclusion as potential confounders in subsequent statistical models.

Several outcome variables from questionnaire 1 were derived from the sum of the items in their section: 'What are you expecting from staff?' (Expectations of Staff Care Instrument, ESCI); 'How have you been feeling?' (Short Mood and Feelings Questionnaire, SMFQ); and 'What are you usually like?' (Borderline Personality Features Scale for Children, BPFSC). Similarly, some outcome variables from questionnaire 2 were also summed for further analysis: 'What is your experience of staff?'; 'How satisfied are you with treatment?' (Client Satisfaction Scale, CSS).

Several statistical models were built involving the summed outcome variables and explanatory variables of each patient group (SH and SF) and appropriate covariates to adjust for differences in group patient characteristics. Model assumptions were checked using standard diagnostics (eg, normality of residuals)

and linear regression was deemed the most appropriate analysis technique.

Where the outcome variable was ordinal in nature (Likert data), ordinal regression models were constructed using explanatory variables of patient group (SH and SF) and appropriate covariates to adjust for differences in group patient characteristics using the 'polr' function in the 'MASS' R package.¹⁶

RESULTS

At the outset of the COVID-19 pandemic in March 2020, the Finding Voices survey was suspended and subsequently closed having screened 917 and recruited 104 adolescents (see patient recruitment overview in figure 1). Thirteen patients (six from SH group, seven from SF group) agreed to take part in the survey but did not complete either of the two questionnaires and were excluded from further analysis (see online supplemental table 1 for their characteristics). For the remaining 91 patients, there were 849 missing data points from a potential 5632 items (15% missing data overall) for the sections being reported in this paper. An overview of the number of patients that were analysed for each section of each questionnaire is given in online supplemental table 2. The results of the test for internal consistency

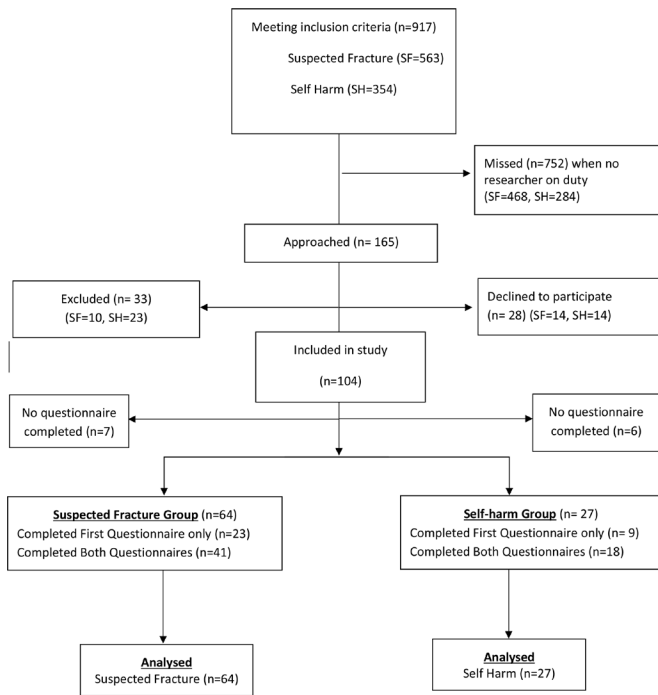


Figure 1 Finding Voices patient recruitment overview. SF, suspected fracture; SH, self-harm.

(using Cronbach's alpha) for each questionnaire section is also given in online supplemental table 2 and was within the range of 0.76–0.94, which is deemed appropriate.

Patient characteristics are described in table 2. As reported in previous literature, there was a difference in the gender balance between the two groups. The SH group were older and had a longer length of stay (LOS) in the ED.

Table 3 shows that both groups had similar expectations of staff and identified the same priorities: that staff should explain what they were doing and that staff should know how to deal with their medical problem. Statistical models were used to analyse the differences between the groups for each outcome. As highlighted in table 2, age and gender differ between the groups so they were added to the models as covariates to adjust the analysis for potential confounding. Table 3 also shows that the SH group had a lower mood (SMFQ) and scored more highly on the BPFSC than the group who presented with an SF ($p < 0.001$).

Table 2 Patient characteristics

	Self-harm	Suspected fracture	P value
n (%)	27 (30%)	64 (70%)	
Age in years (mean (SD))	15.0 (1.8)	14.1 (1.5)	0.014
Index of Multiple Deprivation decile (median)	7	8	0.410
Length of stay in ED (mean (SD)) (min)	237 (108)	131 (57)	<0.001
Previous visits (median)	2	2	0.080
Previous visits for same (median)	0	1	0.828
Gender			
Male (n (%))	7 (26%)	37 (58%)	0.011
Female (n (%))	20 (74%)	27 (42%)	
Ethnicity			
White (n (%))	19 (83%)	45 (78%)	0.843
Non-white (n (%))	4 (17%)	13 (22%)	

Following on from their reportedly similar expectations in ED, both groups describe a similar experience (Q2), see table 4. The highest ranking statements were the same across both groups: acknowledging that staff were respectful towards them, explained what was being done and were caring. There was no significant difference between how they described the experience of the care received by ED staff. However, after correction for the difference in age, gender and ED LOS, those presenting with an SF were more satisfied with their experience ($p = 0.026$).

Patients in the SH group (19/27=70%) were significantly more likely to return to the ED in the subsequent 12 months than those in the SF group (20/64=31%), and also more likely to return more often (SH group 110 times, SF group 27 times in subsequent 12 months). Of note, a small number of patients reattended on multiple occasions (table 5).

DISCUSSION

Conducting research in this population and setting has been one of the JLA priorities. We have shown that it is possible to conduct research with this population, in a busy ED environment, including out-of-hours recruitment. We were encouraged by the positive reception to the research by both patients and staff. The initial COVID-19 risk assessment highlighted the risks to research staff recruiting in the department and so the decision to halt the study was upheld. Although the sample size is smaller than planned, initial review of the data suggested that the findings were of sufficient interest to inform future work in this important area, currently under-represented in the literature.

Interestingly, the results show that young people presenting to ED with both SH and an SF have similar expectations of their experiences and of staff in ED (ESCI section) and both groups had the same priorities (RBED PNEQ section): that staff explained what they were doing and that staff knew how to deal with their medical problem. However, Q1 highlighted differences between the two groups at baseline: the SH group had a lower mood (SMFQ) and scored more highly on the BPFSC (eg, likely to have more unstable opinions of themselves and of interactions with others) than the group who presented with an SF, although these findings are limited by the sample size. These features may be important to consider when looking at ED processes and interactions with staff.

There were fewer responses to Q2 than to Q1, perhaps related to the LOS in ED. In Q2, both groups describe a similar experience. The highest ranking statements were the same across both groups: acknowledging that staff were respectful towards them, explained what was being done and that staff were caring. There was no significant difference between how they described the experience of the care received by ED staff, although this may be an effect of small sample size. However, those presenting with an SF were statistically more satisfied with their experience. This finding persists after correction for the difference in ED LOS between the groups. We do not know if the difference in reported satisfaction with care between the SH and SF groups may reflect differing interpretations of experience by the two groups or to other unidentified factors. These findings are again limited by the sample size.

In keeping with previous literature, the patients in the SH group were more likely to return to the ED with the same problem, although further conclusions here are limited by the small number of patients within our dataset.

Previous literature has concluded that the experience of attending the ED after SH is negative and the least helpful of the services available.^{8,9} While ED staff report feeling unprepared to

Table 3 Responses to questionnaire 1 for each patient group (summarised as the median score)

Questionnaire 1 components	Self-harm (median score)	Suspected fracture (median score)	P value*
'What is important to you?' (RBED PNEQ)			
For staff to explain who they are	8	7	0.800
For staff to explain what they will be doing	10	10	0.407
To be seen quickly	7	8	0.850
For you to feel that the ED team know how to deal with your medical problem	10	10	0.922
For ED staff to understand how you are feeling	9	8	0.047
That staff are respectful	9	9	0.419
That staff show you matter to them	8	8	0.702
That staff are caring towards you	9	9	0.947
'What are you expecting from staff?' (ESCI)			
(Total score)†	28.5	28.5	0.475
'How have you been feeling?' (SMFQ)			
Short mood and feelings questionnaire (total score)†	34	16	<0.001
'What are you usually like?' (BPFSC)			
Borderline personality features scale (total score)†	38	22	<0.001

All analyses carried out with appropriate statistical test as necessitated by the type and distribution of the data and model residuals.
 *P value for difference in self-harm versus fracture group adjusted for age and gender.
 †The sum of the scores for that particular questionnaire.
 BPFSC, Borderline Personality Features Scale for Children; ESCI, Expectations of Staff Care Instrument; RBED PNEQ, Royal Berkshire Emergency Department Patient Needs and Expectations Questionnaire; SMFQ, Short Mood and Feelings Questionnaire.

manage this group, there is some evidence that the attitude of staff towards the patients may be characterised as positive.^{11 12} However, our study confirms that the experience of both ED and staff by both groups was described in a similarly positive way. Similarly, their priorities and expectations were also noted to be similar. One noticeable difference is that the SH group was less satisfied with the experience than the group presenting with an

SF although this finding is limited by the sample size. A patient with an injury usually has a one stop visit to receive a diagnosis and treatment for the problem, whereas SH presentations are

Table 4 Responses to questionnaire 2 for each patient group (summarised as the median score)

Questionnaire 2 components	Self-harm (median score)	Suspected fracture (median score)	P value*
'What has been your experience of ED?'			
For staff to explain who they are	9	8	0.481
For staff to explain what they will be doing	9	9	0.652
To be seen quickly	5	6	0.817
For you to feel that the ED team know how to deal with your medical problem	8	9	0.853
For ED staff to understand how you are feeling	7	8	0.631
That staff are respectful	10	9	0.050
That staff show you matter to them	8	8	0.712
That staff are caring towards you	9	9	0.478
'What is your experience of staff?'			
(Total score)†	28	30	0.921
'How satisfied are you with treatment?' (CSS)			
(Total score)†	13	9	0.026

*P value for difference in self-harm versus fracture group adjusted for age, gender and length of stay in ED. All analyses carried out with appropriate statistical test as necessitated by the type and distribution of the data and model residuals.
 †The sum of the scores for that particular questionnaire.
 CSS, Client Satisfaction Scale.

Table 5 Reasons for returning to ED in subsequent 12 months (self-harm vs suspected fracture)

	Self-harm	Suspected fracture	P value
Original cohort	27	64	
Returned to ED?			
Did not return to ED	8 (30%)	44 (69%)	<0.001
Did return	19 (70%)	20 (31%)	
Returned to ED due to:			
Self-harm injury/issue	10	0	
Soft tissue/fracture injury	3	8	
Other	14	12	
Returned to ED ONCE due to:			
Self-harm injury/issue	5	0	
Soft tissue/fracture injury	2	6	
Other	9	10	
Returned to ED>ONCE due to:			
Self-harm injury/issue	5	0	
Soft tissue/fracture injury	1	2	
Other	5	2	
Number of times returned to ED			
Total returns to ED (any reason)	110	27	
Total returns to ED (self-harm)	71 (65% of total returns)	0 (0% of total returns)	<0.001
Total returns to ED (suspected fracture)	6 (5%)	10 (37%)	
Total returns to ED (other)	33 (30%)	17 (63%)	

Data are frequency (% of group (column percentage)), unless stated otherwise. P value indicates the likelihood of a difference in self-harm versus fracture groups using the appropriate statistical test.

not 'fixed' in the same way in a single visit. There is often a less well-defined pathway to receive help for the underlying mental health problem, often involving other healthcare providers, leaving the individual more likely to need to attend again as the problem has not been 'fixed'. While it is important to ensure LOS in ED is optimised for all patients, the LOS difference may reflect the pressures under which CAMHS teams are working given the increase in mental health attendances.

Limitations

The study was terminated early at the onset of the pandemic and so the numbers are smaller than anticipated, limiting the strength of the conclusions. It was conducted in a single ED and findings may not be generalisable to other ED settings. We have only compared two defined presentations of adolescent patients and findings may not be generalisable to adolescents with other reasons for attending ED. We excluded those thought to be too distressed to take part which may have limited how representative our group is and therefore biased our results. The survey was carried out when a researcher was present in the department therefore represents a convenience sample and so this may have impacted on our sampling. Some young people declined to participate so there is an element of self-selection. The questionnaires used in this study represent a mixture of novel, adapted and validated questionnaires to capture the breadth of data that was not covered by an existing tool. Participants only had the option to self-report gender as male or female, and we would amend this in any future study to allow other responses. It is possible that the study failed to capture the differences between the two groups either due to small numbers of participants or due to limitations of the questionnaires themselves in this environment and population. Of note, there were fewer responses to Q2 which limits the conclusions that can be drawn. It is also possible that the Likert scale may not be the most appropriate means to capture information in this area. The ED LOS was greater in the group presenting with SH and may affect reported experience of ED care, although attempts were made to correct for this statistically.

Strengths

The strengths of this study are that the researchers had all previously worked with children and young people. The hours covered by the research team reflected the times that young people attend with SH. We have successfully used novel questionnaires where none previously existed and have shown good internal consistency for these questionnaires. Missing data have been recognised in the analysis and a small number of data points were imputed. Of note, as expected, the group presenting with SH were statistically more likely to reattend as previously reported which may reflect that we captured the opinions of those with whom we were keen to engage.

CONCLUSION

This study was terminated early at the onset of the COVID-19 pandemic so its conclusions are limited by smaller numbers than anticipated. However, we have demonstrated that it is possible to undertake research in young people presenting to the ED with SH. Both groups of young people described their expectations and experiences of care in a positive light. Further work is needed to ascertain how care for patients presenting with SH to the ED can be improved.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval The South Central-Berkshire Research Ethics Committee gave approval for the study (19/SC/0159). Participants gave informed consent to participate in the study before taking part.

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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

2. WHAT ARE YOU EXPECTING FROM STAFF IN THE EMERGENCY DEPARTMENT?**Please circle which applies to you****Do you feel that staff are likely to:**

1. Be friendly towards you

Not at all friendly	A little bit friendly	Quite friendly	Definitely friendly	Very friendly
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2. Show warmth towards you

Not at all warm	A little bit warm	Quite warm	Definitely warm	Very warm
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3. Seem emotionally cold

Not at all cold	A little bit cold	Quite cold	Definitely cold	Very cold
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4. Appear to understand your problems and worries

Not understand at all	Understand a little	Quite understanding	Definitely understanding	Very understanding
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5. Show interest in talking to you

Not show interest at all	A little interest in talking	Quite interested in talking	Show definite interest in talking	Show a lot of interest in talking
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6. Be kind to you if you get upset

Not at all kind if I am upset	A little bit kind if I am upset	Quite kind if I am upset	Definitely kind if I am upset	Very kind if I am upset
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7. Criticise you

Not criticize me at all	Criticize me a little	Be quite critical	Definitely criticize me	Very critical of me
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

3. HOW HAVE YOU BEEN FEELING OVER THE PAST TWO WEEKS?

One of the ways that we want to improve is by matching what we offer to the particular needs of patients and their families. The next questions are therefore about you:

We would like to know a little more about your mood and how you have been feeling and acting recently. For each question, please tick how you have been feeling or acting *in the past two weeks*.

1. I felt miserable or unhappy

Not true	Sometimes	True
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2. I didn't enjoy anything at all

Not true	Sometimes	True
----------	-----------	------

3. I felt so tired I just sat around and did nothing

Not true	Sometimes	True
----------	-----------	------

4. I was very restless

Not true	Sometimes	True
----------	-----------	------

5. I felt I was no good anymore

Not true	Sometimes	True
----------	-----------	------

6. I cried a lot

Not true	Sometimes	True
----------	-----------	------

7. I found it hard to think properly or concentrate

Not true	Sometimes	True
----------	-----------	------

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

8. I hated myself

Not true	Sometimes	True
----------	-----------	------

9. I was a bad person

Not true	Sometimes	True
----------	-----------	------

10. I felt lonely

Not true	Sometimes	True
----------	-----------	------

11. I thought nobody really loved me

Not true	Sometimes	True
----------	-----------	------

12. I thought I could never be as good as other kids

Not true	Sometimes	True
----------	-----------	------

13. I did everything wrong

Not true	Sometimes	True
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

4. WHAT ARE YOU USUALLY LIKE?

These questions are about you as a person, and how you feel about yourself and others.

Here are some statements about the way you feel about yourself and other people. **Put a circle round the box that tells how true each statement is about you.**

1. I feel very lonely.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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2. I want to let some people know how much they've hurt me.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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3. My feelings are very strong. For instance, when I get mad, I get really really mad. When I get happy, I get really really happy.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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4. I feel that there is something important missing about me, but I don't know what it is.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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5. I'm careless with things that are important to me.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

6. People who were close to me have let me down.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

7. I go back and forth between different feelings, like being mad or sad or happy.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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8. I get into trouble because I do things without thinking.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

9. I worry that people I care about will leave and not come back.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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10. How I feel about myself changes a lot.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

11. Lots of times, my friends and I are really mean to each other.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

5. YOU AND YOUR PARENTS

Now we would like to understand whether you feel that parents are important to you at this time, and whether we should involve them;

Has someone come with you today? YES/NO

If YES who is with you? Please circle all that apply:

Mum	Dad	Other family member	Other adult	Friend	Boy/girl friend
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Please answer these questions about you and your mum OR you and your dad whichever you prefer.

Who is it you will answer about? Please circle. Mum Dad

In each question we have asked you about mum/dad. There is no need to circle which one for each question.

1. At this time I need my mum/ dad more than usual/less than usual.

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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2. At this time I want my mum/ or dad close to me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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3. At this time I want my mum/dad to help cheer me up more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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4. At this time I want my mum/dad to show me affection more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

5. At this time I want my mum/dad to give me reassurance more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

6. At this time I want to talk with my mum/dad more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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7. At this time I want my mum/dad to help me keep my mind off things that have been happening.

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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8. At this time I want my mum/dad to put her arms around me/hug me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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9. At this time I want my mum/dad to speak kindly/gently to me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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10. At this time I want talk together with my mum/dad about nice things in the future, such as holidays, or going shopping, or watching sport

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

11. At this time I need my mum/dad to understand how I am feeling more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

12. At this time I want my mum/dad to do nice things for me like bring me a hot drink, more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

13. At this time I want to talk with my mum /dad about nice things we have done together

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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14. At this time I want to show to my mum/ dad how I am feeling more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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15. At this time I want my mum/dad to tell me something funny (even if it is not a very good joke!)

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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How important to you is it that we give your mum/dad information on some of the reasons that young people harm themselves?

Not important			Quite important				Very important		
1	2	3	4	5	6	7	8	9	10

How important is it to you that we give your mum/dad information on ways that they can help young people can try to make sure it doesn't happen again?

Not important			Quite important				Very important		
1	2	3	4	5	6	7	8	9	10

Would you like ED staff to give your parents advice on how to keep you safe in the future?

No that is not realistic	Possibly	Yes	Yes, definitely
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

Would you like them to do that with your mum or your dad on their own or with you there too?

Alone	With father	With mother	With both if with you
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If no one came with you today, which of these applies to you?

Please put an X in all the boxes that apply to you. (For example you might have asked one person to come and they couldn't, and you might have preferred that another person did not come)

I asked my to come with me but they did not want to

I asked myto come with me but they were too busy

I did not ask myto come but I would have liked them to be with me

I did not ask myto come because I would prefer them not to be here

I did not ask myto come because it would have made things more difficult for me.

I did not ask my to come because I can manage well on my own

6. ANYTHING ELSE YOU WOULD LIKE TO ADD?

Thank you for answering these questions.

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

7. How important is it that ED staff show that you matter to them?

Not important			Quite important				Very important		
1	2	3	4	5	6	7	8	9	10

8. How important is it that ED staff are caring towards you?

Not important			Quite important				Very important		
1	2	3	4	5	6	7	8	9	10

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

2. WHAT ARE YOU EXPECTING FROM STAFF IN THE EMERGENCY DEPARTMENT?

Please circle which applies to you

Do you feel that staff are likely to:

1. Be friendly towards you

Not at all friendly	A little bit friendly	Quite friendly	Definitely friendly	Very friendly
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2. Show warmth towards you

Not at all warm	A little bit warm	Quite warm	Definitely warm	Very warm
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3. Seem emotionally cold

Not at all cold	A little bit cold	Quite cold	Definitely cold	Very cold
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4. Appear to understand your problems and worries

Not understand at all	Understand a little	Quite understanding	Definitely understanding	Very understanding
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5. Show interest in talking to you

Not show interest at all	A little interest in talking	Quite interested in talking	Show definite interest in talking	Show a lot of interest in talking
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6. Be kind to you if you get upset

Not at all kind if I am upset	A little bit kind if I am upset	Quite kind if I am upset	Definitely kind if I am upset	Very kind if I am upset
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7. Criticise you

Not criticize me at all	Criticize me a little	Be quite critical	Definitely criticize me	Very critical of me
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SF baseline

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01 03 2019_V1.1_25.7.19

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

3. HOW HAVE YOU BEEN FEELING OVER THE PAST TWO WEEKS?

One of the ways that we want to improve is by matching what we offer to the particular needs of patients and their families. The next questions are therefore about you:

We would like to know a little more about your mood and how you have been feeling and acting recently. For each question, please tick how you have been feeling or acting **in the past two weeks**.

1. I felt miserable or unhappy

Not true	Sometimes	True
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2. I didn't enjoy anything at all

Not true	Sometimes	True
----------	-----------	------

3. I felt so tired I just sat around and did nothing

Not true	Sometimes	True
----------	-----------	------

4. I was very restless

Not true	Sometimes	True
----------	-----------	------

5. I felt I was no good anymore

Not true	Sometimes	True
----------	-----------	------

6. I cried a lot

Not true	Sometimes	True
----------	-----------	------

7. I found it hard to think properly or concentrate

Not true	Sometimes	True
----------	-----------	------

SF baseline

IRAS 260038

01 03 2019_V1.1_25.7.19

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

8. I hated myself

Not true	Sometimes	True
----------	-----------	------

9. I was a bad person

Not true	Sometimes	True
----------	-----------	------

10. I felt lonely

Not true	Sometimes	True
----------	-----------	------

11. I thought nobody really loved me

Not true	Sometimes	True
----------	-----------	------

12. I thought I could never be as good as other kids

Not true	Sometimes	True
----------	-----------	------

13. I did everything wrong

Not true	Sometimes	True
----------	-----------	------

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

4. WHAT ARE YOU USUALLY LIKE?

These questions are about you as a person, and how you feel about yourself and others.

Here are some statements about the way you feel about yourself and other people. **Put a circle round the box that tells how true each statement is about you.**

1. I feel very lonely.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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2. I want to let some people know how much they've hurt me.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

3. My feelings are very strong. For instance, when I get mad, I get really really mad. When I get happy, I get really really happy.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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4. I feel that there is something important missing about me, but I don't know what it is.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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5. I'm careless with things that are important to me.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

6. People who were close to me have let me down.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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7. I go back and forth between different feelings, like being mad or sad or happy.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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8. I get into trouble because I do things without thinking.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

9. I worry that people I care about will leave and not come back.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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10. How I feel about myself changes a lot.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

11. Lots of times, my friends and I are really mean to each other.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
-----------------	------------------	----------------	------------	-------------

Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

5. YOU AND YOUR PARENTS

Now we would like to understand whether you feel that parents are important to you at this time, and whether we should involve them;

Has someone come with you today? YES/NO

If no-one has come with you please go to Page 12

If YES who is with you? Please circle all that apply:

Mum	Dad	Other family member	Other adult	Friend	Boy/girl friend
-----	-----	---------------------	-------------	--------	-----------------

Please answer these questions about you and your mum OR you and your dad whichever you prefer.

Who is it you will answer about? Please circle. Mum Dad

In each question we have asked you about mum/dad. There is no need to circle which one for each question.

If your mum/dad has come with you, please answer these questions about you and her or him .

Please circle which statement applies to you.

1. At this time I need my mum/dad more than usual/less than usual.

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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2. At this time I want my mum/dad close to me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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3. At this time I want my mum/dad to help cheer me up more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

4. At this time I want my mum/dad to show me affection more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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5. At this time I want my mum/dad to give me reassurance more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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6. At this time I want to talk with my mum/dad more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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7. At this time I want my mum/dad to help me keep my mind off things that have been happening.

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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8. At this time I want my mum/dad to put her arms around me/hug me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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9. At this time I want my mum/dad to speak kindly/gently to me more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

10. At this time I want talk together with my mum/dad about nice things in the future, such as holidays, or going shopping, or watching sport

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

11. At this time I need my mum/dad to understand how I am feeling more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

12. At this time I want my mum/dad to do nice things for me like bring me a hot drink, more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

13. At this time I want to talk with my mum/dad about nice things we have done together

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
----------------------	--------------------------	----------------	--------------------------	----------------------

14. At this time I want to show to my mum/dad how I am feeling more than usual/less than usual

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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15. At this time I want my mum/dad to tell me something funny (even if it is not a very good joke!)

Much less than usual	A little less than usual	About the same	A little more than usual	Much more than usual
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Questionnaire 1 Date of assessment Time (24hrs)..... Patient ID: _____

If no one came with you today, which of these applies to you?

Please put an X in all the boxes that apply to you. (For example you might have asked one person to come and they couldn't, and you might have preferred that another person did not come)

I asked my to come with me but they did not want to	<input type="checkbox"/>
I asked myto come with me but they were too busy	<input type="checkbox"/>
I did not ask myto come but I would have liked them to be with me	<input type="checkbox"/>
I did not ask myto come because I would prefer them not to be here	<input type="checkbox"/>
I did not ask myto come because it would have made things more difficult for me.	<input type="checkbox"/>
I did not ask my to come because I can manage well on my own	<input type="checkbox"/>

6. ANYTHING ELSE YOU WOULD LIKE TO ADD?

Thank you for answering these questions.

Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

1. WHAT HAS BEEN YOUR EXPERIENCE OF THE EMERGENCY DEPARTMENT TODAY ?

Please put an X on the line closest to the number that applies to you.

1. Staff have explained who they are (e.g. doctor, nurse)

Not at all		To some extent						Very well	
1	2	3	4	5	6	7	8	9	10

2. Staff have explained what they will be doing

Not at all		To some extent						Very well	
1	2	3	4	5	6	7	8	9	10

3. How quickly have you been attended to?

Very slow		Quite quickly						Very quickly	
1	2	3	4	5	6	7	8	9	10

4. How well do you feel that the ED team has known how to deal with the problem you came in with?

Not very well		Quite well						Very well	
1	2	3	4	5	6	7	8	9	10

5. How well do you feel that ED staff have understood how you are feeling at the moment?

Not very well		Quite well						Very well	
1	2	3	4	5	6	7	8	9	10

6. How respectful have ED staff been towards you?

Not at all		Quite respectful						Very respectful	
1	2	3	4	5	6	7	8	9	10

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7. Have ED staff shown that you matter to them?

Not at all				Somewhat				A lot	
<hr/>									
1	2	3	4	5	6	7	8	9	10

8. How caring have ED staff been towards you?

Not at all				Quite caring				Very caring	
<hr/>									
1	2	3	4	5	6	7	8	9	10

9. Have you been given information on some of the reasons that young people harm themselves?

No information				Some information				A lot of information	
<hr/>									
1	2	3	4	5	6	7	8	9	10

10. Would you have liked more information on some of the reasons that young people harm themselves?

No more				Some more				A lot more	
<hr/>									
1	2	3	4	5	6	7	8	9	10

11. Have you been given information on ways that young people can try to make sure it doesn't happen again?

No information				Some information				A lot of information	
<hr/>									
1	2	3	4	5	6	7	8	9	10

12. Would you have liked more information on ways that young people can try to make sure it doesn't happen again?

No more				Some more				A lot more	
<hr/>									
1	2	3	4	5	6	7	8	9	10

Experience SH

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Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

2. MY EXPERIENCE OF STAFF IN THE EMERGENCY DEPARTMENT

Please circle which applies to you

Do you feel that staff have:

1. Been friendly towards you

Not at all friendly	A little bit friendly	Quite friendly	Definitely friendly	Very friendly
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2. Shown warmth towards you

Not at all warm	A little bit warm	Quite warm	Definitely warm	Very warm
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3. Seemed emotionally cold

Not at all cold	A little bit cold	Quite cold	Definitely cold	Very cold
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4. Appeared to understand your problems and worries

Not understand at all	Understand a little	Quite understanding	Definitely understanding	Very understanding
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5. Shown interest in talking to you

Not shown interest at all	A little interest in talking	Quite interested in talking	Definite interest in talking	A lot of interest in talking
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6. Been kind to you if you got upset

Not at all kind	A little bit kind	Quite kind	Definitely kind	Very kind
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7. Been critical of you

Not critical at all	A little critical	Been quite critical	Definitely critical	Very critical
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Experience SH

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Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

3. HOW SATISFIED ARE YOU WITH YOUR TREATMENT IN THE EMERGENCY DEPARTMENT?

For the following questions, please tick the response (one) that applies to you.

1. How would you rate the quality of the service you have received?

- Excellent
- Good
- Fair
- Poor

2. Did you get the kind of service you wanted?

- Yes definitely
- Yes generally
- No, not really
- No definitely not

3. Considering your needs, how appropriate are the services you have received?

- Highly appropriate
- Generally appropriate
- Generally inappropriate
- Highly inappropriate

4. If a friend were in need of similar help, would you recommend our ED to him or her?

- Yes definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

5. How satisfied are you with the amount of help you have received?

- Very satisfied
- Mostly satisfied
- Indifferent or mildly satisfied
- Quite dissatisfied

6. Have the services you received helped you to deal more effectively with your problem?

- Yes, they helped a great deal
- Yes, they helped somewhat
- No, they really didn't help
- No, they seemed to make things worse

Experience SH

IRAS: 260038

28 02 2019_v1.1_25.7.19

Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

7. In an overall, general sense, how satisfied are you with the service you have received?

- Very satisfied
- Mostly satisfied
- Indifferent or mildly dissatisfied
- Quite dissatisfied

8. If you were to seek help again, would you come back to our ED?

- Yes definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

4. IMPROVING OUR SERVICE

Lastly, we'd like to know what you think about our department and staff.

Is there anything else that you think would improve your experience of the ED?

Thank you for completing the questionnaire.

Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

WHAT HAS BEEN YOUR EXPERIENCE OF THE EMERGENCY DEPARTMENT TODAY ?

Please put an X on the line closest to the number that applies to you.

1. Staff have explained who they are (e.g. doctor, nurse)

Not at all	To some extent						Very well		
<hr/>									
1	2	3	4	5	6	7	8	9	10

2. Staff have explained what they will be doing

Not at all	To some extent						Very well		
<hr/>									
1	2	3	4	5	6	7	8	9	10

3. How quickly have you been attended to?

Very slow	Quite quickly						Very quickly		
<hr/>									
1	2	3	4	5	6	7	8	9	10

4. How well do you feel that the ED team has known how to deal with the problem you came with?

Not very well	Quite well						Very well		
<hr/>									
1	2	3	4	5	6	7	8	9	10

5. How well do you feel ED staff have understood how you are feeling at the moment?

Not very well	Quite important						Very important		
<hr/>									
1	2	3	4	5	6	7	8	9	10

6. How respectful have ED staff been towards you?

Not at all	Quite respectful						Very respectful		
<hr/>									
1	2	3	4	5	6	7	8	9	10

Experience SF

IRAS 260038

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Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

7. Have ED staff shown that you matter to them?

Not at all		Somewhat						A lot	
1	2	3	4	5	6	7	8	9	10

8. How caring have ED staff been towards you?

Not at all		Quite caring						Very caring	
1	2	3	4	5	6	7	8	9	10

Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

2. MY EXPERIENCE OF STAFF IN THE EMERGENCY DEPARTMENT

**Please circle which (one) applies to you
Do you feel that staff have:**

1. Been friendly towards you

Not at all friendly	A little bit friendly	Quite friendly	Definitely friendly	Very friendly
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2. Shown warmth towards you

Not at all warm	A little bit warm	Quite warm	Definitely warm	Very warm
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3. Seemed emotionally cold

Not at all cold	A little bit cold	Quite cold	Definitely cold	Very cold
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4. Appeared to understand your problems and worries

Not understand at all	Understand a little	Quite understanding	Definitely understanding	Very understanding
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5. Shown interest in talking to you

Not shown interest at all	A little interest in talking	Quite interested in talking	Definite interest in talking	A lot of interest in talking
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6. Been kind to you if you got upset

Not at all kind	A little bit kind	Quite kind	Definitely kind	Very kind
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Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

7. Been critical of you

Not critical at all	A little critical	Been quite critical	Definitely critical	Very critical
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3. HOW SATISFIED ARE YOU WITH YOUR TREATMENT IN THE EMERGENCY DEPARTMENT?

For the following questions, please tick the (one) response that applies to you.

1. How would you rate the quality of the service you have received?

- Excellent
- Good
- Fair
- Poor

2. Did you get the kind of service you wanted?

- Yes Definitely
- Yes generally
- No, not really
- No definitely not

3. Considering your needs, how appropriate are the services you have received?

- Highly appropriate
- Generally appropriate
- Generally inappropriate
- Highly inappropriate

4. If a friend were in need of similar help, would you recommend our ED to him or her?

- Yes definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

5. How satisfied are you with the amount of help you have received?

- Very satisfied
- Mostly satisfied
- Indifferent or mildly dissatisfied
- Quite dissatisfied

Questionnaire 2 Date of assessment Time (24hrs)..... Patient ID: _____

6. In an overall, general sense, how satisfied are you with the service you have received?

- Very satisfied
- Mostly satisfied
- Indifferent or mildly dissatisfied
- Quite dissatisfied

7. If you were to seek help again, would you come back to our ED?

- Yes definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

4. IMPROVING OUR SERVICE

Lastly, we'd like to know what you think about our department and staff.

Is there anything else that you think would improve your experience of the ED?

Thank you for completing the questionnaire.

Appendix Two

Supplementary Table 1. Characteristics of patients who did not complete either questionnaire

	Self-harm	Suspected fracture
n (%)	6 (46%)	7 (54%)
Age [mean (SD)]	15.5 (2.4)	14.3 (1.0)
IMD decile [median]	8.5	10
Length of stay in ED [mean (SD)](minutes)	212 (60)	147 (56)
Previous visits [median]	1	3
Previous visits for same [median]	1	1
Gender		
Male [n (%)]	2 (33%)	5 (71%)
Female [n (%)]	4 (67%)	2 (29%)
Ethnicity		
White [n (%)]	4 (67%)	5 (83%)
Non-white [n (%)]	2 (33%)	1 (17%)

Supplementary Table 2. Numbers of patients in each section

	Self-harm			Fracture		
	n	items	Alpha*	n	items	Alpha*
Questionnaire 1						
'What is important to you?' (RBED PNEQ)	27	11	0.82	64	8	0.77
'What are you expecting from staff?' (ESCI)	26	7	0.78	64	7	0.81
'How have you been feeling?' (SMFQ)	26	13	0.78	62	13	0.84
'What are you usually like?' (BPFSC)	26	11	0.76	61	11	0.85
'You and your parents' (RABQ)	25	15	0.94	56	15	0.91
Questionnaire 2						
'What has been your experience of ED?'	17	12	0.86	40	8	0.88
'What is your experience of staff?'	17	7	0.79	40	7	0.89
'How satisfied are you with treatment?' (CSS)	17	8	0.87	41	7	0.86

*Cronbach's alpha test for internal consistency