

Dimension	Feedback	Theme	Qualitative feedback	Illustration
Importance of the trial	All participants agreed that the trial was indispensable	Understanding the importance of mental health in patient cohort	All participants expressed the importance of the study in highlighting mental health in patients with chronic musculoskeletal conditions.	<i>No other way to put that really. I think as we've seen the baseline data from CCOPER, haven't we, and we knew that anecdotally as well about the amount of mental health issues our patients have, whether that be low level or more moderate to severe and we know the impact that that has on their rehab and ability to manage their conditions. So, as we know many people at [...] have long-term pain, long-term problems, and the association between mental health and long-term pain is huge we need to be able to target both of those aspects if we are supporting people properly to manage those long-term conditions. So, I think it's a really good thing that we're looking into that.</i> <b>Participant 1</b>
		Highlighted limited local mental health services	6 participants disclosed that the trial highlighted limited local mental health services.	<i>[...] the mental health of our patients is not the best, and actually they don't really have as much support as they should have, or that they need, and I guess, this is just hopefully helping us move forward and think about how we can better support them in that way, isn't it?</i> <b>Participant 7</b>
		Relief that someone took the time to investigate patients' mental health problems	4 participants shared their sense of relief when patients were recruited because they feel their patients will receive the right support for mental health issues.	<i>I agree there in terms of, you know, to be honest, it feels like a weight off your own shoulders if I'm totally honest with you. Because it kind of feels like that patient's being looked after by the people who should be looking after them because for me, you need to look after someone's mental health really before you come to treat them in an MSK environment unless it's some kind of acute problem that you're going to rehab quickly.</i> <b>Participant 4</b>
		Brought more evidence about the complexity of the Trust's patients	3 participants reinforced that the trial is essential to bring more evidence to something that everyone knows to be a problem: patients with musculoskeletal problems need more mental health support.	<i>Well, I think the study is helped us begin to shed some light on the complexity of the pathway. Which has been really, really useful. [...] Multiple, multiple layers of it, and managing long term conditions has been a big political agenda for ages, and there's just not the money behind it yet, and we're just struggling at Stanmore, trying to help. So, I think it's probably just given us a little bit more evidence about the layers, and to maybe just label it better.</i> <b>Participant 6</b>
		Holist care	2 professionals highlighted the importance of the trial by providing a service that permits seeing the person as a whole.	<i>I think it felt really good that it was being recognised that it's not just a physical presentation of a condition that we're able to look at the whole person.</i> <b>Participant 5</b>

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Experience in being involved in the trial	All participants shared their opinion.	Positive experience	All participants stated that the trial was a very positive experience for them.	<i>For me, it was just really positive to be honest, the whole experience. I found it like a real change after, you know, after being in MSK for the last four and a bit years, I thought it's about time this has come about, to be honest. Patients being looked after how they should be looked after from day dot. They've got the physio, they've got the mental health support. It was just, it really was compatible with our caseload as well. It worked well, engaging patients, helping them from a mental health point of view, turn their life around some of them. Participant 3</i>
		Confidence in managing difficult emotions	6 participants highlighted the usefulness of the suicide flowchart to understand the different referral paths.	<i>I think what I remember about it. I think it's useful in those moments – you panic a little bit, don't you because you are like, I don't know what I'm – so sometimes it is useful to go, okay, well, I have something concrete to go back to, and refer back to, and I know what questions to ask, and I know what to do next. So, I think, even if you can't remember it off by heart, it's just knowing that there is something concrete that you can refer back to, I think is quite useful. Participant 7</i>
		Need for more effective communication channels	3 participants expressed that the trial made them think about better communication between all professionals involved in patient care.	<i>[...] the better outcomes I see happening are the ones where you have those communication pathways so everyone's on the same plan: the psychology team involved, the therapist and the patient. [...] I know that's hard with external services, but I think it would be so valuable if we could work out a way to enhance the communication between the two teams. Participant 5</i>
		Understanding the importance of mental health of their patients	2 participants revealed the importance of the anxiety and depression risk scores to their practice.	<i>I personally haven't got a huge caseload, but I did have a couple of patients that you'd approached, and you needed to speak to me because they'd actually been identified as very high risk with mental health, which I hadn't been – the patient hadn't fully shared their journey with me, with that. So, that was an interesting learning point for me, and you'd escalated it, because he – one of them, particularly, had quite a high level of depression and anxiety. Participant 6</i>
		Awareness of a need for formal mental health training	2 participants shared that the trial made them think they need to have formal mental health training.	<i>I just hope that it just highlights that all the physios should have some extra training, some in-service or some formal training about it so we can help our patients more. Participant 4</i>
Experience working with case manager in the trial	All participants shared their opinion.	They do not know who the participants were	All professionals do not have an idea what patients were randomised for the trial. They know who the patients at risk of suicide were.	<i>Probably, similarly. I mean, I just had contact with her kind of discussing patients and saying, yes, this patient is happy to chat to you, and all of those interactions were quite positive. But that was probably the extent of it for me. Participant 1</i>

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Suggestions to improve patient support in a future trial	All participants shared their opinion.	Access to outpatient psychological support	5 participants would like to have outpatient psychologists for their patients.	<i>I'm really aware that our psychology services are really stretched short staffed, I think because I work so closely with the psychologist. <b>Participant 7</b></i>
		Community or social prescriber	5 participants suggested that a community or social prescriber should be part of the team to facilitate the discharge process to the community for patients who do not need psychological care/support inputs.	<i>Yeah, social prescribers, yes. I think that's a big – I know that's difficult because our patients come from all of the place, but I think somebody to link with local community services. I think that's another string to their bow that would be really helpful. Helping people to get involved in what's around them locally, groups, or whatever it is, social stuff, and exercise, physical activity stuff. <b>Participant 8</b></i>
		Duration of case manager support should be personalised	3 participants defended that the duration of the case manager support should be personalised.	<i>So, actually, for there to actually be change and momentum, and for them to be on the journey, I think you would probably need maybe a year, or a little bit longer to see a thorough change in terms of pathway, and making that more efficient, or helping them better navigate it, I think. <b>Participant 7</b></i>
		Clear referral pathways for mental health support	3 participants also highlighted the importance of having a clear referral path for patients who need mental health support.	<i>I think, also my referrals to the psychologists aren't necessarily based on the risk of a patient. I think, if a patient is high risk, like suicide or something, I'm not going to refer them necessarily to our psychologist. I'm going to either call the liaison psychiatrist or call the GP. So, my referrals to psychology are more just if a patient feels stuck from a psychological perspective, or I'm stuck, and they need help with acceptance. [...] I don't know if that's right, or not? That's just kind of what I do. <b>Participant 7</b></i>
		Better communication channels	2 participants defended better channels to professionals communicate with the case manager and other professionals	<i>Yeah. I think communication, but like the systems to support communication. Because our workload – we've got so many different systems. Every hospital trust does. But I don't think that helps, particularly. <b>Participant 8</b></i>
		Formal debriefing for professionals	1 participant highlighted the importance to take of the professionals who should have a formal debriefing.	<i>You have to have formal debriefing, and we have none of that, and we take a lot of it on board, and we do our best, and we try and let outpatients de-escalate with us, and offload, and have aggression, a challenging group, and you see them in 30 minutes, and in and out and in, and out and there's – that's not right, either, to train us up, but give us none of the support. <b>Participant 6</b></i>

