SUPPLEMENTARY MATERIALS 5

SM5.1 Direct participant quotes

Q1	***"There is a very acute or very severe lack of insight, high risk to self, high risk to others. These are conditions that bring to PICU and when they are not able to be managed there. So at that point the human being loses contact with the rational being and the decisions suddenly needs to be taken. So the clinician needs to take the decision so that the clinician needs to be a part of it." (PICU Psychiatrist)***
Q2	***"Yes, so it becomes logistically… there was already logistical issues with get escorting patients from the Ward, taking them back upstairs and getting the next patient, so there's already quite a few logistical issues that are happening, especially when there's few members of the team, because then the number of people that attend varies quite a bit and room availability" (Psychiatrist, Medium Secure Forensic Ward)***
Q3	***"It cannot be directed totally by the patient, because the risk is that the patient might have a pathology where the choice is towards something that is not...it might look good for the patient, it might not look on the long-term going forward" (PICU Psychiatrist)***
Q4	***"I think there can be a kind of negative side effect of someone escalating with their own choices… if there is not a limit to it, the patient has a kind of escalation, or this is what I need, and this is my symptoms and I have that… and there you are at the risk of leaving everything in the hands of the patient or in the hands of the symptoms of the patient's concerns," (PICU Psychiatrist)***
Q5	***"The risk to self, the risk to others, how much is the risk to self, how much is the risk to others? And then we can't do this (provide a choice), we treat people who are risk to themselves and others and the community and that is the balance." (PICU Psychiatrist)***
Q6	***"The choice is we are bound to give to any patient any information on why we make decisions" PICU Psychiatrist***
Q7	***"My patient, it's very difficult to say no to me. I am the patient who cannot allow them to go out. Sorry, the person who cannot allow them to go out. I'm the person is put him in seclusion. I'm the person who discharges them mental condition, the status. No matter how relaxed I am, it is not an equal relationship. There is no equality between the relationship." (PICU Psychiatrist)***
Q8	***"myself and [supervisor] spoke about it after (the group session and I said actually this brought, sometimes, anger up for me because I felt like wow this is really punitive and how can people not see that that would then escalate the situation." (Assistant Psychologist, Low secure ward)***
Q9	***"In terms of sort of preparing for them, I think, once I familiarize myself with the sort of set up it got a lot easier, I think firstly it did take a bit of time to prepare for them and that's not something that I'd sort of scheduled in because I work on the ward where we were doing the study but I'm also the ward psychologists on another ward so it did take up a lot of my sort of time." (Clinical Psychologist, High secure ward)***
Q10	***"Because the majority of people disagreed with a point of view, being expressed about pornography, for example. I think it was a bit overwhelming for the person who was disagreeing that pornography should be allowed. Um, I think I think that person was… was feeling uncomfortable so yeah… so I guess that was the only thing that I sort of noticed, and it was quite difficult to sort of… Because it because it was so many people, it was a little bit difficult to manage that conversation" (Psychologist, Low Secure ward).***
Q11	***"I'm just thinking again about the person that was quite rigid in their thinking […] there wasn't, there wasn't conflict as such so it wasn't you know it wasn't that people were, they were just thoughtful and reflective actually. And you could see, you could sort of see that, with this particular person, you could sort of see the cogs turning and she was realizing actually I thought that was the right thing to say. Because of this value or this value [..] But actually they've just bought up something else which then made this person think, I suppose, a bit more maybe about different values other people were bringing into it." (Psychologist, High secure ward)***
Q12	***'Asking the staff and reflect on what they brought to it was a bit of a sensitive subject for some people […] I know that was an element of it, people just weren't ready for that" (Psychologist, High Secure ward)***
Q13	***'I think initially, they probably would have come out and thought all right, maybe we need to be a little bit more compassionate towards this guy, but I think long term because of how he presents I think they'll probably just fall back into how they have been before."*** **Psychologist High Secure ward**
Q14	***"there's a real appetite within the OT profession around it, but there isn't or in our organization, there was a robust process around training and I think when the, the study came along, and the research came along, there I suppose the concern that came into mind was we don't want to do something that could potentially cause harm. If not handled correctly*****" Occupational therapist, Low secure ward**
Q15	***"one of our major concerns was if we bought any really expensive equipment, we couldn't just leave it out because if we did, if someone broke that piece of equipment, obviously then that's quite a big cost implication for the ward, and then we wouldn't be able to quickly get another piece of equipment if funding's quite tight."*** **Occupational therapist, Low secure ward**
Q16	***"I think as well what [redacted name] was saying about us being the only people that have potentially seen this and developed this, then when we're giving it to other staff to implement, it would almost be why haven't we been involved in this when you've done this so why don't you implement it kind of thing? I think it would work in particularly negative way."*** **Occupational therapist, Acute Ward**

Q17	***"we had these plans that we would try to introduce sensory work within our um, so essentially work fits very well with our model of practice within occupational therapy, so the plan was that we were trying to integrate some sensory work within our structures, and that was the that's why we got the room start, that I was the starting point for the room and since then we have now we've now got a member of staff doing a post graduate diploma in sensory integration work so she will as part of that she will really take a lead and to try and really embed some sensory work across the wards.'*** **Occupational therapist, Low secure ward**
Q18	***"Yeah, it's proactive isn't it rather than reactive looking at that person's own perception of their triggers and what they need, and then putting that into place." Occupational therapist, Acute ward***
Q19	***"If we got everything in place in the right way, in the correct order there's definitely a clinical benefit for the service user but we're, we're just behind, we're behind where the study is that's the thing" Occupational therapist, Low secure ward***
Q20	***"I think the other thing that was mentioned about the.. from the ward manager they felt that they were too many interventions at the same time, that is happening at the same time" (Modern matron, Low secure ward).***
Q21	***'a lot of my time was taken up chasing staff. So I'd see a DATIX come through which involved a restraint and I would be emailing out to all the staff to say, you've been involved in this as part of the Edition study, this is my role, can you please complete this? But despite prompts, staff didn't always do that." Modern matron, Acute and PICU wards***
Q22	***"I must admit that the longer that time went on the less confident I was feeling in that obviously when I'd met with you, met you, I felt really confident to get it going, crack on and as time went on, I was thinking oh gosh lots of times past now"*** **Modern matron, Low Secure ward**
Q23	***"I think it would just be about that, being overwhelmed. Not specific to Edition but staff are always saying, oh, it's something else, it's something else. And what I've started trying to do now is, if we're implementing something new, we take something away to try and keep that balance for staff" Modern matron, Acute and PICU wards***
Q24	***'I thought the concept, the values behind it we're so in tune with what I think practitioners want nowadays is to Work in a way that is hearing service users and is hearing staff and is valuing their opinions, services are the ones that are living this every day, and I think You know, we want to continually improve and and you know hear their voice, and so you know, I was so excited to be involved in this"*** **Modern matron, Low Secure ward**
Q25	***"I think they did.. (understand it) I think they did, just as we.. the more we did, the more they sort of appreciated it more and as I said, I've never seen staff open up so much about their experiences, both positive and negative about an incident. And actually, at the end of it, to come up with solutions."*** **Operational manager, medium secure ward**
Q26	***The service user and carer perspective as well. And I just think it had a really, really positive impact on everyone. And they all personally, at the end, didn't they, actually go up and personally thank him for sharing his experiences with them." RRPI, Low and medium secure wards***
Q27	***"it was only after, when you started to delve into it and you thought, oh, my gosh, what's all this about, I didn't realise it was so in-depth. And I think maybe we had…maybe expectations of myself were greater than what other people would have expected us to know. I don't know. But I think as a trainee you always have that fear when you're…about not having the knowledge." RRPI, Medium and Low Secure wards***
Q28	***"Some of those staff found it a little bit condescending I think. And almost I think they found it critical. So they were looking at it perhaps from a view that, why are they telling us this, we already do this" Ward manager, acute ward.***
Q29	***"I spoke with people I had no issue it's just getting them to do it off their own back, I think we get so busy I, I, had it in me head me to do is so that were what I did.' Nursing Assistant, Low secure ward***
Q30	***"(Patient reported audit tool) So there were a few of the questions that the patients, the majority didn't understand, and that was the sensory modulation they just felt like who uses that language and it put them off" Nursing assistant, Low secure ward***
Q31	***"And it was things like that really that opened our eyes to seeing the environment in a different way and making changes that were quite simple in some instances […] And I think what this (sensory and support planning) gives is a really nice tool for staff to have those engaged conversations and empower the service users to tell us actually it really winds me up when you come knocking at my door and telling me I have to engage in this group. And actually what would help is don't speak to me until I come and say hello to you" Ward Manager, PICU***
Q32	***"It's something for people to learn from. It helps the staff identify prior to the issue maybe when somebody is struggling or is likely to be troubled about something to deescalate and make an intervention, maybe sensory interventions, like just a chat, things like that. I didn't see this when we were actually doing the study but I do like the idea of it, yes definitely." Patient, Medium secure ward.***
Q33	***"If it's overused. If people do it over everything 'right I'm gonna put this down.. oh and this… this can go down'. Then I suppose it's… could take out of it what it's meant for" High Secure***
Q34	***"I did like the where it was going however once again there is the issue of if you're confident enough to convey or relay how you really feel about being on a, in a secure environment and what you think can actually change and where staff can do better. So it's a difficult one" Patient, Medium secure ward***
Q35	***"No, it's not even like it's high expectations, it's just how it should be [staff taking on patient feedback]" Patient, High Secure ward***
Q36	***"I would change it to say simple English language, that here's an opportunity for you to provide us with your information on things that you need doing for yourself." Patient, Low secure ward***