

Example of coding

Example from Transcript 1 (Prisha):

	536	Prisha: I think, I had a really good experience. I think the	
	537	one thing that could have been slightly better, because it	
	538	was handled almost perfectly, I think the one thing that I	
538: importance of GP's providing information about other services	539	think I would have gained from it, was some more	538: It would have been helpful to have more information about services such as CAMHS
	540	information about what CAMHS meant, and what kind of	
	541	help I could have got and if I could, If I was told that there	
	542	are other people that go through things like that, and that I	
541: Normalisation would have been helpful	543	wasn't alone. Maybe, having information about support	541: would have valued normalising her experience. That other people feel this way

Example from Transcript 2 (Connor):

350: GP consultation viewed as unhelpful	349	Connor: From the two male GPs really unhappy because	350: Felt let down by the GP, just told to wait.
	350	I just felt I was just being left to wait to see a psychiatrist.	
	351	Like I said, if the CPN hadn't have stepped in then I	351: Blaming of the GP for the increasing suicidal thoughts because they did not step in
351: Suicidal thoughts increased following consultation	352	definitely would've made an attempt on my life. It would	
	353	have been their fault because it wouldn't have been my	
	354	decision to do that. They were the ones that should have	
	355	not even-- Okay, I understand about not giving me	355: Understanding that GPs are limited in what they can offer, but how they communicate with Connor was important
355: Found the way the GP communicated made him more suicidal	356	medicine because I'm complex, but the things that he said	
	357	like other people are worse off, he didn't have to say that	
	358	at least.	

The Framework matrix

Theme / Subtheme	Description
1.Young person's early experiences	
1.1 Development of suicidal thoughts / behaviour	Description of how the young persons suicidal thoughts or behaviour developed. This could include the age this started, what they noticed, what method(s) were used or the frequency of these behaviours or feelings.
1.2 Description of support network	Description of the young persons support network at the time their suicidal thoughts or behaviour was developing. This could include their friends or family and a description of what the support might have looked like.
1.3 Adverse childhood experiences	This is a description of any adverse childhood experiences that may have occurred. This could include difficulties at home or school and covers different types of abuse and trauma the young person may have been subjected to.
2. Understanding of young person's difficulties	
2.1. Understanding of internal experience	This is how the young person made sense of their difficulties, their understanding of mental health difficulties and the language used to explain their internal state.
2.2 Understanding within young person's support network	This is how other people around the young person made sense of the young person's difficulties. This could include significant others such as family, friends or school staff.
3. Seeking support from a GP	
3.1 Young person's view of GP role	This is the perception the young person has of the GP, what they could offer, their hopes and concerns.
3.2 Process leading up to GP consultation	This is the process that led up to the first GP consultation. Did they go directly to the GP? Did they go alone, or with someone? Was it the first point of contact, or were other forms of support used first?

3.3 Drawing on past experiences of GP consultations	This describes how young people draw on past experiences of GP consultations to inform future help-seeking choices.
3.4 Presenting at other medical settings	This is a description of where the young person came into contact with services if the GP was not their first contact. Examples include A&E or Psychiatric inpatient units.
4. Description of GP consultation	
4.1 What support was offered	This is a description of what was offered following the GP consultation. For example, were they referred on for further support? Did they receive medication?
4.2 The young person's experience of the GP consultation	This is the young person's personal experience of the GP consultation, how they felt during the consultation and what they took from the visit.
4.3 Facilitating factors at the GP consultation	This is the young person's view of what factors helped at the GP consultation. This could include anything that helped them feel heard, understood and able to communicate their difficulties.
4.4 Barriers at the GP consultation	This is the young person's view of what factors may have made the GP consultation less helpful. This could include anything that prevented them to feel heard, understood or able to communicate their difficulties.
5. Post GP experience	
5.1 New sources of support	This is a description of how the young person's source of support may have changed since their GP consultation. This could mean that if relapse happens they now have a support network.
5.2 Reasons for relapse	The reasons provided why a young person relapsed or required further help from mental health services.

Example of charting data into the matrix

Theme	2. Understanding of Young Person's Difficulties	
Sub Theme	2.1 Understanding of Internal experience	2.2 Understanding within young person's support network
Prisha	Suicidal experience linked to other diagnoses (ASD, Attachment difficulties) (Line 51-60) Found it hard to understand internal feelings (118 - 120)	Parents did not understand Prisha's difficulties (Line 58-60) Parents did not know what to do with the self harm (Line 204-208) School was too big to be able to notice warning signs for students (342-345)
Connor	Sad all the time, anxious - didn't know why (23-24) Little things change, stop eating, not sleeping, crying all the time, getting worse (223-226) Didn't know what depression was (253-254) Depression was initially light and easy, then became dark and heavy (285-287)	Mum noticed Connor was sad / depressed (24) Mum suggested the GP would help make sense of what was happening (255-257)
Hayley	Couldn't understand what I was feeling, didn't know depression existed (QQ? 22-30) (56-58 - Q) Didn't make sense - Depression was selfish, she felt bad, she needs help - didn't consider others (26-52) Only with experience was she able to realise the feelings she had were 'suicidal' (105-107) Usually expressive, if I notice I am quiet I think there might be something wrong (214-216) Notices physical symptoms of bi-polar, signs things might be going wrong (220-227) Felt like normal sleeplessness, typical uni behaviour, but then started doing weird shit (369-377) Friend used the word manic - thought what's that? Not heard that before? (401-412) Q? People don't have insight, so don't seek help (585-592) Noticed physical symptoms - realised the body says what the mind can't (750-754)	Frinds noticed Hayley was missing, and were worried - looked for help (114-119) Different friendship groups noticed suicidality before her (111)(114-119) Teachers noticed her mental health declining (everyone noticed before her) (241-248) Frineds thinking 'what the fuck? Is she on crack?' (389-395) The fuck is happening (417)
Sarah	I didn't understand what was going on, I was an overflowing cup (37-42 QQQ) A depth to my struggles, I didn't have the words to explain (146-14* QQQ) I thought I was doing fine, other people were the ones who noticed (252-256)	Friends and family (pretty much everyone around her) noticed before her (252-256) Other people understood her difficulties, eyeopening experience for Sarah (659-663 QQQ)
Mia	good insight - difficulties built up and led to suicidal feelings (77-79)	Parents were very concerned, they called home treatment. Couldn't be around to look after her (24-37)
Sophia	Couldn't come to terms with what was going on in her life, wanted a way out (51-59) Link with diagnosis of anorexia (54) Saw first attempt as significant, didn't know what to make of it, until in hospital (60-66) I didn't know what the hell was going on, screaming inside, but didn't want help (456-458 QQ) Part of me hoped nobody noticed, I want it to be really bad to be disgusting (486-488 QQ) Never heard of OCD, it was scary when it was pointed out (668-678) After self-harm what have I done? (690) Then became addicted to it (707-709) Why are you asking me if I have an eating disorder? I was too big to have an eating disorder (710-719)	Mum said part of her behaviour were abnormal (359-361) Family never had any difficulties with MH, mum was scared, didn't know what to do (523-532) Mum pointed out the behavioural patterns she recognised as OCD (668-678) Mum heard about the self-harm became concerned, had to go to a DR (699-709) Mum also questioned eating disorder (717-718) Dad said self harm was normal (702)
Olivia	Detatch from the experience (33-34) It is a private experience, didn't want help (41-44) I tolerate it, up until I can't (53-57) I had horrific anxiety, but didn't know what it was, didn't understand mental health as a concept (186-193) Only after a diagnosis of ASD did things start to make sense (284-296) experience started to get worse when I identified with other people and their stories (567-578)	Friend also was a bit more clued up on mental health, said social anxiety (198) Classmate in school told parent, parent told school, everyone was angry. Made Olivia want to cope alone (344-354)
Liam	Understood experiences as fight or flight - anger gets most of him - not nice having to watch your back a Withdrew and began playing games all the time, spending all his time in his room (86-89) "I didn't understand my mental health growing up" hard to talk about (95-96 Q) The stress built up over time, until it was just on top of him (163-164) I was confused myself, it was hard to say how I was feeling (177-178 QQ) Only understood internal state when in hospital with other people (252-254)	Dad understood his difficulties because older sister also had mental health difficulties (98-100) Family isn't open about mental health difficulties, don't show understanding (121-130) Once Liam contacted sisiter, sister said she could see him struggling for a while (169) Dad has foster kids, and has supported them so knew the processes (227-233) Nobody actually understood (239-240)

Example of how the data was summarised at the start of the interpretative stage

1.1 Understanding of internal experience

There was a general theme across the participants around having difficulties understanding and making sense of their internal feelings. Many of the participants were aware that something was not right, but they talked about having a lack of understanding around mental health difficulties and this made it more difficult to talk about and seek help for their difficulties.

To me, it seems it was almost like an overflowing cup. A cup, which kept getting full, filled up, and then there was just one night and – Again, I can't say what happened, it was too much. (Sarah, Page 2, Line 38)

Some participants tried to use the physical symptoms to be able to make sense of what they were feeling.

I just had this horrific anxiety, but I didn't know what it was. I didn't really understand mental health as a concept. Then I described to my friends that before we were going to go out or before we were going to do something, I just had this feeling of being sick or not being able to go. (Olivia, Page 7, Line 191)

One participant summarised this experience by saying:

The body tells you what the mind can't (Hayley, Page 27, Line 751)

Each participant used different language and ways of describing their experience; the commonality was that at the time they didn't feel they had the right words or language to explain their experience.

When it first started, it was, this sounds bad, but it was easy and it wasn't intense. It was light, if that makes sense. But when it came to trying to end my life, it was so dark and so heavy. (Connor, Page 10, Line 285)

I think there is such a depth to my struggles that I didn't quite have the word to explain. I didn't want to be turned away because I was explaining it in a lighthearted manner (Sarah, Page 6, Line 147)

Some participants used diagnoses to help make sense of their experience (such as ASD, Anorexia or OCD). Others talked about only understanding their difficulties when they were older and had gone through services, and some talked about truly understanding when they had met others who were experiencing similar difficulties.

I didn't really understand until I got put in hospital around patients with mental health difficulties, that I really, truly, understood what was going on (Liam, Page 9, Line 252)