Online supplement elaboration of methods:

Interview process

The first and second authors conducted interviews alone or in tandem, depending on the language of preference of the participant. Interviewers did not have prior relationships with the participants, but saw them on three occasions as part of the project. DP is a trained mixed methods researcher with extensive experience with qualitative work in the domain of psychiatry and mental health services. He also has clinical psychiatric and neuropsychological training. PW is a psychologist and trained qualitative researcher with extensive experience with the local population. She also possesses the language skills to conduct interviews in Chinese, a dominant language among the local population. The remainder of the authorship team includes psychiatrists, case managers and psychiatric nurses involved in the care and management of psychiatric emergency service users.

At the first of the three interviews, participants completed and signed an informed consent form prior to the semi-structured interview. The consent form highlighted the confidentiality of the content of the interviews and the non-clinical nature of the project. Deliberate attention was paid to ensure that potential participants understood that the three repeated interviews did not constitute clinical care with no therapeutic implications. We reminded participants of this condition at each interview. We are confident that the steps we took to differentiate researchers from clinical service providers was effective because participants used different pronouns to refer to clinicians than they did to the interviewers, clearly referring to the latter as “them” or “they” and referring to the interviewers by name or as the singular “you”.

Each interview followed a semi-structured open-ended interview guide, designed by the team, based on clinical and research experience with emergency services, locally and internationally. We began by asking people to speak about what they felt was important about them. Some spoke about their careers and family, others spoke directly about their mental illness. We then asked them to speak about their mental health history. Often opinions of service providers surfaced at this stage.

We drew on these points to ask people about their opinion of emergency services and their patterns of use. To help anchor the narratives, we asked people to speak first about their most recent visit to emergency services and asked them to describe why they had gone, how they had reached the unit, what they were expecting, what happened during the visit, and how the visit concluded. Approximately halfway through the interviews we began asking more about the various reasons people visited services and whether these reasons led to frequent use. It is on this section of the interview that we focused the current manuscript. Most participants readily identified themselves as frequent users. We asked those whose use of services was diminishing about reasons for the reduction. Finally, we concluded the interview by asking about which services they found most useful.

Following published guidelines on sample size in qualitative methodologies [1] would not have allowed us to reach theoretical saturation. We reached saturation of the themes reported below before we reached our target of 40 service users, but continued sampling to 44 to ensure we captured major experiences related to content that was the focus of the larger program of research.

Analysis

We used thematic analysis because our goal was to describe service user experiences [2, 3]. We approached the data inductively and relied on frequency and intensity to establish importance of the themes [4]. Frequency refers to the number of times a theme or its subthemes occur. Intensity refers to the amount of time a participant devotes to a specific element and the passion with which they speak about the element. Two examples of these criteria used in tandem are medical reasons, mentioned briefly (with low intensity) by many people, and participant experiences with being investigated following suicide attempts, discussed at length by a few people. The first two authors (DP PW) coded the first four interviews after they had been conducted and compared results to ensure reliable understanding of each code. DP and PW jointly wrote tags for each code to ensure that the meaning of the code could be retained over time. The descriptive tags contained exemplar

quotes agreed upon by the two authors coding the interviews. Changes to the use of the code were tracked by creating sub codes of the variation. For example the code reported below on seeking support was varied from its original intention to detail the difference between a need to seek support due to a desire to generally talk with someone, whether or not family support was around and a need to seek support specifically due to inadequate family support. The second author (PW) then coded the remaining interviews during the first of two passes over the data. The first author, who was also the main interviewer, reviewed transcripts periodically to ensure the quality of the interviews. The first pass over the data included all transcripts and broadly coded section of the interview to capture context. During this pass the unit of analysis was wrongly 4-6 sentences. To fully capture the thought and its context, units sometimes included tangential thoughts. This allowed us to ensure contexts and thoughts were kept together regardless of whether or not they were concurrently presented. We allowed double coding of sections where themes such as s*afety* or *family issues* overlapped with *reasons for frequent use*. *Reasons for frequent use* was the base macrocode for our analysis. During the second pass, the first author (DP), with input from the entire authorship team, focused exclusively on the sections of that macrocode and subdivided it into subthemes to isolate the various reasons for frequent use. At this stage, when new subthemes emerged, previously coded interviews were recoded with the help of the software. A wide unit of analysis was maintained in the second pass in order to maintain the explanation. Narrowing the unit to a sentence would have led to a superficial analysis of our participant's stories.

We discuss below content particular to each theme. By no means are the categories of themes able to divide service users into typologies, nor was this our purpose. People had multiple reasons for their frequent use. Analyses were done with the assistance of NVivo 11 qualitative analysis software.

Online supplement table. Exemplar quotes of the reasons for frequent use amongst frequent users of emergency services.

Theme	n=	Supporting quote
Pharmacocentric– Side effects/ medication management	8	Yeah, because I came to the A&E because … of the side effects. Yeah. The side effects. I cannot deal with the side effects because sometimes I feel that my eyes are rotating on top, and my hands are a bit shaky like that and I cannot control myself, I feel like I am sick already. 10014 INTERVIEWER: So why did you come to our emergency for that? PARTICIPANT: cannot handle it... I was half way of work, then I was 7-11 work then half day. The thing disturb me, then I side effect come then I come straight to IMH. Then admitted. 10005
Pharmacocentric – prescription refills/ missed depot injection	5	Because I couldn't make it for my appointment you see so I had to get my injection so I went to the emergency department and say I really cannot wait until the morning to get my injection I have a choice not to come during the night I can come early in the morning like 9 o clock or 9.30 but that would mean another walk-in patient and then a walk-in queue ticket which may take around 1 to 2 hours which means its more efficient to go during the A& E hours and then I have to wait less and then in the morning I don't have to rush here for my medication to see a doctor which I don't know who it will be and then I have to rush back to work again and then I won't have enough of my sleep after my medication or injection so I rather do it at night 10011
Seeking admission– Seeking structure	14	Because I come here, because I am not a new patient, I am old patient. I'm used to it. I stayed here for … actually I live here 10 years. When I have problems, your old problems reoccur, I run from responsibility, run from reality… 10032 Because 4 walls, over here is like a more open space because at home 4 walls I find it quite difficult to cope Interviewer: Why do you find it difficult to cope with the 4 walls? Participant: Because it some like I in an enclosed 4 walls like that but over here it is open it's open air open space, then is community help from the nurses Interviewer: Ok you feel that it is a community lah? Participant: Community living ah rather than just within my house 4 walls lah […]The main thing I really need is admission. Over here I have my breakfast lunch dinner, it is structured so at least I don't have to go out to 24 hours to buy my meals, I eat properly, rest well, awake at hospital like that, like that then I can be discharged (10028)
Seeking admission –Seeking safety	14	I feel that I may hurt myself, and what I do when I am at home, if I feel that I am going to hurt myself, I will lay down on the bed and make sure that I don't move , but, it is still not very safe, so the safest thing for me to do is to go to emergency service, and then, there is a safe space, and then hopefully they get me some medication, they can just, you know

		bring me down a bit, and then I go to sleep, and then the next time I see my regular doctor, we figure something out. 10010 It's a sense of security, sudden sense of security reaching a place. Where I can get help or where help is just there. It's already there, at the counter. Cause the staff know me. At least I know, a lot of the staff know me by sight, at least. And my case was brought up, up there. yah. And some of the Drs may have seen me before. I mean I've been consulting the DRs and the, over the years they are familiar with some of my achievements, some things that I have done. 10040 I have tried before, but sometimes….some doctors they will tell you "no, this is not the place". You must have a very good reason, like you want to suicide, then they will admit you. You must tell them your life is in danger, you want to hurt yourself, then they can admit you. If you want to tell them "oh I don't want to make mistake outside, that is why I want to come here to admit myself" they will not agree for you to stay. Yeah that is why you have to, sometime you have to tell lie or something like that, then you can make yourself safe. 10041
Seeking support– Inadequate family support	7	INTERVIEWER: yeah? Do you feel that your mother or your brothers and sisters would be able to help you too? PARTICIPANT: no INTERVIEWER: why not PARTICIPANT: they cannot help me, they ignore me INTERVIEWER: they ignore you? So they know you have a mental illness? PARTICIPANT: yes INTERVIEWER: and they are not happy about that? Or why? PARTICIPANT: they are still concerned about me, then say "why I keep coming to hospital?" they don't like , they concerned about my illness also, but I keep coming to hospital 10006 PARTICIPANT: no. sometimes I have family problems, and my sister kicks me out of the house, I quarrel with my family and then I come. INTERVIEWER: a ha so if you quarrel with your family you will also come PARTICIPANT: yes INTERVIEWER: why do you quarrel with your family? PARTICIPANT: because I didn't take my medication then I lost control at home, then I quarrel with my family , then I come 10008
Seeking support– needing to talk	24	I felt that the I needed to connected to a support system, I needed to feel that If there is an emergency, I have some place to rely on, to go to. That would be efficient, effective and would not take up too much time, so that I can go back to the community and resume my activities or my life, if I want to. Instead of, clocking out of the community or the society again [support system]. So, that's the reason I went to A&E a number of times and also to consult the Dr at A&E because of the one at B clinic is not, is not available yet at night. And the I think there is no phone communication, there is no phone communication with the B clinic Dr at night. So it's the A&E Dr that we would have to go to. 10040

		To speak to somebody I go to emergency services? No. oh but sometimes yes, when I really feel like there is no way out, sometimes, I think. Yeah, but they tell me that I cannot like, like …yes like always go to emergency services. 10017 My case is not something that happens at times when I can predict. It happens sporadically. So even if you want to shorten like the appointment, the gaps between appointment, for me it might not really help, because sometimes it could be that, let's say the next appointment I a month later, I go to that appointment, fine, but then so when they see I am fine, then they make it a longer period, but what if something happens during that period, they also wouldn't know , so that is when I will need to use, take emergency services again. So it is, yeah. 10012
Intoxication	14	So you come here you will get well, always every time I go to the ward 3 weeks 4 weeks later I become better. Come back, ok, good, no more dinking problem. But it will start, go there for one week, you manage to stay away from [alcohol], but then you go to work, you earn some money, work under contract basis, they pay you cash every day, so you work that kind of work and you got money already and the drinking start back again. 10034 See… I will keep walking this rehab path. I resist, there was a period I fell, a period of resistance and I fell. So, hit hit fall fall, I have already many times. Only cannot treat at the root, can only… rehab, against heroine. So this the path I have to walk for the whole life. I need to resist till I die. Because I cannot tell people i... I don't use heroine. I can only tell people today I did not use. Just for today 10037 For the first time I came to emergency department with my girlfriend, she is Japanese, and I was depressed at that moment, so she quickly brought me here, and I was warded. Yeah. And I am a drug abuser also, I took all kinds of drugs, not including heroine. But most of the drug I have tried before. So, yeah. INTERVIEWER: and what was happening in your life to make your girlfriend want to bring you here? PARTICIPANT: because I was not stable at the moment, so she brought me here INTERVIEWER: but do you know why you were not stable? What was going on in your life that was making it difficult? PARTICIPANT: because of drug, so it makes my state of mind not stable. Because of ecstasy at that time, at that point of time.[…] no, it can be bought at illegal vendors, yeah, they sell, you know, very cheap, you can afford it. So now, now, the trend is this epam. INTERVIEWER: and so, so you took the medication [epam], and you said it made you… PARTICIPANT: boost my mood INTERVIEWER: boost your mood PARTICIPANT: but at the same time it ma… makes you violent also. 10041

Police custody– self harm	6	INTERVIEWER: can you tell me more about that? what happened? PARTICIPANT: I around the … voices disturb me quite ... disturb worse... making me, ask me to do harm myself then ... then... I never do. I try and... then the police come. and I got talk to social worker like… Seng Hong family service centre. Then she call the police to come. INTERVIEWER: ok, where were you at? PARTICIPANT: Punggol park. INTERVIEWER: ok, you were at a park. Ok, so you called the social worker to help you lah. PARTICIPANT: she ask me not to do any wrong thing. INTERVIEWER: and then what happened? PARTICIPANT: then she call the police and ... the police come and arrested. […] INTERVIEWER: So after… so after the police come, what happened? PARTICIPANT: he arrested me to police station there. Then... then I warded, very stressed, more stressed than. They arrested me then, hospital. IMH hospital. 10005 PARTICIPANT: They say you got seeing IMH doctor so you have to go to IMH ward at IMH. INTERVIEWER: can you repeat that, what do you mean? PARTICIPANT: because in Singapore if one commit suicide it is an offence, police will come and ask you question, first thing you will see after you wake up is police come and police people come and ask you why are you doing, they will just say I just want to sleep, and don't admit you are committing suicide then they will run your first offence away, if not they can charge you. Normally, they won't say that you are committing suicide also, because they don't want you to be in the prison, or they bring you in binders, they also help you to write the report INTERVIEWER: ah ha. So the police will help you write the report so it seems that you didn't try, is that what you mean? PARTICIPANT: yeah 10014
Family insistence – family seeking respite	10	I mean my father keep on keep on giving me problem I mean then even when I find a job you know then 30 something you know find a job he wouldn't…he wouldn't want me to work in that job you know he wants me to go to the hospital to stay I'm not too sure why? Yah PARTICIPANT: I come in with my mother. INTERVIEWER: did she ask you to come in or did you say that you needed to come in? PARTICIPANT: she wants me to come in. INTERVIEWER: do you know about why she wanted you to come in? PARTICIPANT: same ah! Saying the prayers. And because I am doing the prayers again and all these things that she thinks that I am going to start to be crazy again. 10029

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