Figure 1. Sample Adolescent/Caregiver Dyad Diagram (de-identified)

	Caregiver	Adolescent
Past Mental Health Care	• Parent is familiar with screening because of work (routinely asks others about self harm and SI) and feels screening for MH problems is very important. • First catch experience → PCP for resources • Teen saw school-based counselor weekly (easy access and readily available with in-house LCSW) • Tried to find a community therapist. Issues with cost, availability, referrals. No success so stopped looking. Didn't seem important now.	• Used to / familiar with suicide screenings • Regularly sees school counselor and uses peer support groups at school; Barrier – school counselor runs on a schedule and is not always available for new/acute concerns • Has struggled to find other therapy (i.e., cost, time) but still wants it
Recent ED Visit & Screening	• Referred to ED by pediatrician for medical reason • Completed screening on tablet. Parent felt iPad screening was more private (didn't see the questions or responses) • No ED response to the screening. Parent assumed teen 'passed' the screening. "*no news is good news in the medical world*". Doesn't think that anything has ever come up on the screening • Recommendations: ED response should be in person and as soon as reasonably possible	• Went to ED for medical concern. Doesn't like hospitals or doctors • Felt screening was more private on the iPad (compared to paper) and had updated questions that were more personal, demonstrating that the ED cared • ED provider did not discuss the screening responses but teen did not feel that a response was needed. • Recommendations: Relies on personal coping mechanisms to manage suicidal thoughts and felt the ED could provide more resources at discharge