Table 2. Illustrative Quotations by Theme and Subtheme

Theme	Quotation
Theme 1: ED responses are inconsistent and insufficient.	
1A. There was no response, inconsistent response, or an insufficient response.	"I just think, with my experience with any suicide screener-type things that I've taken in the past, not even just at the ED, it feels like they just give it to you, and then they don't really say anything else about it. They just give you the screener and then take it away, and it's like, 'Okay. You're fine'…having a response any time you check 'yes' would show teens that somebody knows about it and somebody cares." (Adolescent 15) "It was a little off-putting when I heard that I had scored high…and there was no follow up." (Adolescent 17)
1B. False reassurance: Parents view no news as good news in the medical world.	"I assume since nothing came of it, she passed her screening. I don't know if it would be different if there was an answer that was of concern. For us, it was fine I would say…No news is good news in the medical world." (Caregiver 21)
Theme 2: ED responses should be tailored, well-timed, and protect adolescent autonomy and privacy.	
2A. Response tailored to the child/adolescent.	"Honestly, I would hope that it would be at least somewhat up to my son…So they don't have a choice on whether or not you know, however, they can have a choice of how you know-how you find out. I think that would probably be the best way all the way around-I definitely don't think my kid would want to tell me; he would definitely want someone else to tell me, but I think that they need to be involved in that decision making I think-at least a little bit." (Caregiver 12)
2B. Well-timed response.	"She did come in later, though, and asked my parents to leave the room, and so they left. Then she asked me questions, which I think she actually did a really good job asking the questions. I think she also did a good job waiting for the right moment because she could have easily asked right when I got there for my parents to leave the room. She waited until we were about to get discharged from the emergency room. Me and my family were calm. We were collected. I think she waited for the right moment too, so I really appreciated that." (Adolescent 24)
2C. Importance of adolescent autonomy and privacy in ED response and information sharing.	"But I also let them know that if my baby wants her privacy, they don't need to let me know everything that's going on unless it's something that's gonna hurt her… When she's ready to come to me and let me know what's going on, then obviously I'm ready to hear her. You know? Other than that, I'd rather my child come to me rather than somebody else come to me when she feels that she wasn't ready to let me know…Because the only thing you're gonna do in that moment is lose her trust." (Caregiver 5) "Making sure that it doesn't feel invasive…So in a way, making it so parents aren't always 100 percent on top of the kids, if that makes sense." (Adolescent 21)
Theme 3: Resources and supports provided by the ED should help overcome existing barriers to accessing mental health care.	
3A. ED response should overcome barriers to finding/accessing mental health care.	"You can't just hand them a paper and say good luck…it's really overwhelming. So really being like these are some resources. Let's just look at these together quickly so that you can see what you should expect and what you should be asking for and those

	kind of things. ‘Cause I think a lot of times, this may be the first time that anyone’s contacted anybody for therapy. Offering guidance on navigating resources while families are still in the ED would be helpful.” (Caregiver 14)
3B. ED response should include a brief intervention with practical tools to support adolescents and parents.	“Well, I think in a perfect world if we were to talk about a perfect world, if they could actually see a therapist or someone in even an MSW or something like that that could actually come in and talk to the family about this and just do a brief therapeutic session about what this all means probably would be incredibly helpful.” (Caregiver 14) “Just showin’ opportunities or coping skills. Just helpful ideas to give people when they leave so they have an outline of what they could do when they leave…Suggestin’ certain therapy places. Givin’ names of outpatients or therapists or coping skills. Just baseline things that people could use to start sketching out some helpful things for themselves.” (Adolescent 19)