

Table 2: Coding frame for thematic analysis of community focus groups and interviews (codes in bold were used to develop the quality standards)

General code	Sub-code	General code	Sub-code
Confidentiality	Recording information	Reasons for not seeking help	Awareness of a problem Awareness of services available Negative response Difficulty talking to someone Wanting to handle it yourself
Counselling	Being informed Group therapy Negative Neutral Pathways Positive Professionalism Student counselling	Reasons for seeking help	Advised to go For information/reassurance Needs of someone experiencing mental health problems Response to a crisis
Features of an ideal service	Access Client Group Clinics/Drop in centres Information centres Existing services Staff and Skills	Other places/persons for help	Accident and Emergency Church Clinics Drop in centres Homeopathy/Alternative Phone lines School
Gender differences		Relating	Similar experiences Talking to mates/sibs/cousins Talking to a health professional
GP	Accessibility Confidentiality Language and interaction Negative Neutral Nurses Physical vs. Mental health Positive Recognition/Training Referrals	Self-help	
Manifestations of a MH Problem	Alcohol/Drug Use Descriptions/Diagnosis	Stigma	
		Experiencing stress in comparison to having a mental health problem	
		Teachers/School	
		Work place	
Medication	Negative Neutral Positive		

Web only file - Table 3: 49 Quality standards developed by the participatory research group

Quality standards 1-6: The Practice

Quality standard 1: Primary care practitioners should advertise that they are available to help young people with mental health difficulties (12)

Quality standard 2: Primary care practitioners should advertise the availability of longer appointments for young people (10)

Quality standard 3: Primary care services should have mental health specialists for young people to reduce the stigma of attending mental health services (12)

Quality standard 4: Primary care practitioners must have up-to-date information about other local services to give to young people (12)

Quality standard 5: Primary care practitioners should have up-to-date information about local specialist mental health services (12)

Quality standard 6: All primary care practitioners should have mental health training (12)

Quality standards 7-18: Treatment options and referral protocol

Quality standard 7: Primary care practitioners should explain treatment options to young people (removed)

Quality standard 8: Primary care practitioners should discuss other treatment options before prescribing medication to a young person (12)

Quality standard 9: Primary care practitioners should spend more time talking to young people before prescribing to make sure that medication is the right treatment for them (removed)

Quality standard 10: Access to talking therapies needs to be made easier as an alternative to medication for mental health problems (12)

Quality standard 11: Primary care practitioners should explain to young people that medication is not a solution to their mental health problems but can be one of the first steps to solving them (11)

Quality standard 12: Primary care practitioners should be aware that for some young people taking medication could make them think that they are seriously ill. Therefore they need to provide reassurance that medication is a short-term solution and can make them feel better (10)

Quality standard 13: Referral times for young people should be as short as possible to reduce the stress experienced while waiting for an appointment (12)

Quality standard 14: If making a referral primary care practitioners should provide information for young people about what to expect at the first appointment (12)

Quality standard 15: For referrals outside the GP surgery, directions on how to get there should be provided by primary care practitioners (0)

Quality standard 16: For referrals within the GP surgery, primary care practitioners should keep the young person up to date with the progress of the appointment (12)

Quality standard 17: For referrals that are to the practice counsellor, primary care practitioners should attend the first appointment to introduce the young person to their counsellor (1)

Quality standard 18: Primary care practitioners should advise young people seeking help through counselling that it may take some time until they feel the benefits to their mental health (11)

Table 4: Quality standards developed by the participatory research group (continued)

Quality standards 19-36: The consultation

Quality standard 19: Counsellors need to be more interactive with young people rather than just listen and write notes (12)

Quality standard 20: Primary care practitioners should discuss self-help strategies together with other treatments offered (12)

Quality standard 21: Primary care practitioners must reassure young people that they will not be judged negatively for seeking help for an emotional or mental health problem (8)

Quality standard 22: Primary care practitioners need to reassure young people that they have the training and expertise to help them with their problems (3)

Quality standard 23: Primary care practitioners should appreciate that young people can feel stupid, embarrassed and ashamed to seek help for mental health problems (12)

Quality standard 24: Primary care practitioners must understand that being diagnosed with a mental health problem is stigmatising (10)

Quality standard 25: Primary care practitioners should have a strict confidentiality policy, which they state, at the beginning of the consultation preventing them from disclosing information to members of the young person's family (12)

Quality standard 26: Primary care practitioners should attempt to ask more questions and develop a rapport with a young person during consultation (4)

Quality standard 27: Primary care practitioners should ask questions about a young persons' support network/ relationships before making a treatment decision (12)

Quality standard 28: Primary care practitioners should accept information about a young person's problem in writing rather than face-to-face (9)

Quality standard 29: Young people should be encouraged to take a confidant into consultation to support them (10)

Quality standard 30: Primary care practitioners need to be aware that young women are more open about discussing their emotions than young men (4)

Quality standard 31: Primary care practitioners need to be aware that young men find it difficult to admit that they have an emotional problem and can often express their feelings in an aggressive way (3)

Quality standard 32: Primary care practitioners should be aware that seeking help for a mental health problem can affect a young person's image of themselves (11)

Quality standard 33: Primary care professionals must be aware that young people prefer younger practitioners (9)

Quality standard 34: Primary care practitioners should have basic counselling skills to provide young people with immediate help whilst waiting for specialist mental health services (10)

Quality standard 35: Primary care practitioners need to be aware that physical symptoms can occur alongside and/or be an indication of emotional distress (11)

Quality standard 36: Primary care practitioners need to be aware that once a young person has built up the confidence to see them about a mental health problem they need help and they need it immediately (11)

Table 4: Quality standards developed by the participatory research group (continued)

Quality Standards 37-49: Features of an ideal service

Quality standard 37: An ideal service should be in a location others will not be able to know that you are there for mental health problems (9)

Quality standard 38: The name of an ideal service should be something discreet such as the 'information centre' and not 'the mental health clinic' (8)

Quality standard 39: An ideal service should be easily accessible from a number of places such as schools and colleges (11)

Quality standard 40: An ideal service would be inside the primary care service. (removed)

Quality standard 41: An ideal service should have alternative ways of giving advice and support such as phone lines and email addresses to contact (11)

Quality standard 42: An ideal place for help with mental health problems would be accessible to young people out of working hours (10)

Quality standard 43: An ideal service would be accessible without having to make an appointment (11)

Quality standard 44: An ideal place for help with mental health problems would be in an informal environment (10)

Quality standard 45: An ideal place for help with mental health problems would offer a variety of treatments for young people (12)

Quality standard 46: An ideal service would have young staff (1)

Quality standard 47: An ideal service would have staff with experience of mental health problems (6)

Quality standard 48: An ideal service should be integrated into places where young people are already engaged in such as youth clubs (9)

Quality standard 49: An Ideal service will be for a specific age group and not all ages (1)

The number in brackets refers to the number of individuals in the nominal group (n=12) who rated the standard as very important or important

49 standards were produced and 3 removed during the pilot nominal group resulting in a total of 46 standards presented to the final nominal group