

## Study 1

### Depth and Prevalence of Main Themes and Subthemes Across Couples (Couples 1–7)

Theme	Couple							Prevalence
	1	2	3	4	5	6	7	
Released without resources or respect: “There was no roadmap”	■	■	■	■	■	■	■	Widespread
Systemic gaps in support infrastructure: mismatch between what couples needed vs. what institutions provided	■	■	■	■	■	■	■	Widespread
-Subtheme: Passive offerings for active needs after discharge	■	■	■	■	■	■	■	Widespread
-Subtheme: The missing bridge	■	■	■	■	■	■	■	Widespread
Couples filling the gaps – advocacy demands in fragmented systems (legal/educational battles)	■	■	■	■	■	■	■	Widespread
The institutional lottery with few winners	■	■	■	■	■	■	■	Common*

*Note.* \* indicates theme among couples whose adolescent had experienced 4 or more acute psychiatric hospitalizations.

### Passive Resources vs. Active Supports Needed

What institutions provided: Passive resources (i.e., symbolic or static offerings)	What couples needed: Active supports (i.e., relational, coordinated, actionable practices)
Discharge packets filled with phone numbers, websites, or hotlines without explanation of how or when to use them	Dedicated discharge coordinators who walk families through resources and remain available for questions
Provider referral lists without availability, wait times, or insurance fit information	Warm handoffs where hospital staff schedule the first outpatient appointment and directly connect families to providers
Generic advice such as “ <i>call 911 if needed</i> ”	24/7 crisis lines staffed by clinicians who know their adolescent’s case
Vague advice to “make home safe” or paperwork full of acronyms, handwritten notes, or clinical jargon that was difficult to interpret	Safety planning sessions where providers cocreate clear, step-by-step home safety strategies with families
Websites or online resources shared with couples without demonstration of use	Face-to-face guidance on using resources and managing transitions; reintegration guides that include concrete checklists for returning to school, daily routines, and early warning signs

### Desired Resources Matrix - What Couples Needed

Level	Couple needs
Hospital	<ul style="list-style-type: none"> <li>• Structured safety checklist</li> <li>• Personalized transition roadmap</li> <li>• Warm handoffs connecting hospitals to outpatient providers and schools</li> <li>• Active follow-up within 48–72 hours (not just packets)</li> <li>• Clear protocols for disclosure, privacy, and stigma navigation</li> </ul>
School	<ul style="list-style-type: none"> <li>• Proactive reintegration plan initiated before hospital discharge</li> <li>• Automatic activation of 504/IEP accommodations upon return</li> <li>• School staff trained in mental health crisis response</li> <li>• <u>Direct hospital–school coordination (not caregiver-mediated) including caregivers</u></li> </ul>
Community	<ul style="list-style-type: none"> <li>• Outpatient appointments within 1 week of discharge (not 3+ month waitlists)</li> <li>• Integrated case management coordinating therapy, psychiatry, and school services</li> <li>• Family advocates/navigators for system navigation support to support caregivers</li> <li>• <u>Direct provider-to-provider handoffs (not parent-mediated)</u></li> </ul>
Home	<ul style="list-style-type: none"> <li>• Daily routine templates for reestablishing structure</li> <li>• Communication scripts for sibling conversations</li> <li>• Concrete safety strategies for home environment</li> <li>• Reassurance and normalization that uncertainty is common (“it’s normal to feel unsure”)</li> </ul>