**SUPPLEMENTARY FILE**

In-Depth Interview Guide – for primary caregivers

1. **Exploration of the lay understandings and perceptions of patients’ mental health disorders by their primary caregivers:**
	1. What are the beliefs of primary caregivers regarding the *identity* of the mental disorder the patient receives help for?
	2. What are the beliefs of primary caregivers regarding the *causes* of the mental disorder the patient receives help for?
	3. What are the beliefs of primary caregivers regarding the *timeline* of the mental disorder the patient receives help for?
	4. What are the beliefs of primary caregivers regarding the *consequences* of the mental disorder the patient receives help for?
2. **Exploration of actual Health Seeking Behaviour (HSB) trajectories and therapeutic choices of patients with mental disorders, through their caregivers:**
	1. ***What is the extent to which different therapeutic trajectories are chosen as remedial options for patients with mental disorders?***
		1. *Traditional medicine*; where traditional medicine can include either self-medication based on traditional remedies or the use of a traditional healer.
		2. *Self-medication based on modern allopathic medicines*; where the modern medicine can be available at home, bought at the market or in a neighbourhood pharmacy.
		3. *Services of any self-employed health professional*; where the private doctor or nurse’s services were rendered either at his home or at the patient’s home.
		4. *Services of any established first-line health service*; where first line health services includes any public or private facility providing ambulatory  curative and preventive care, and able to handle normal deliveries, regardless of what the facility is called: health centre II, health centre IV, medical centre, clinic, dispensary, etc.
		5. *Services of any public or private hospital*; where such hospitals are defined as capable of providing major general surgery and hospitalization, regardless of what it is called: general hospital, district hospital, referral hospital, referral health centre, health centre IV, etc.
	2. ***To what extent do the primary caregivers choose therapeutic options for patients with mental disorders, compared to being chosen by the patients themselves? What factors influence the choices made by the caregivers?***
3. **Exploration of the perceptions of primary caregivers regarding the quality of mental health services at the MHC, specifically from the perspective of patient-centeredness:**
	1. ***What is the extent to which patient-centred care forms a part of the overall effective care provision at the MHC?***
		1. To what extent is the patient viewed and treated holistically, i.e. “the patient as a person” by the health worker and their caregiver?
		2. How does the patient-caregiver-health worker triad function?
		3. To what extent are the psycho-socio-cultural aspects of care addressed?
		4. To what extent is the double/triple agenda of health workers and patients/caregivers addressed?
		5. To what extent are both diagnostic and treatment plans mutually agreed upon, synthesised together, and alternatives negotiated within the triad?
		6. What is the quality of the interaction between health worker and patient/caregiver? (in regard to communication skills and practices, and attitudes of kindness, respect, and compassion)
		7. To what extent is empathy present on behalf of the health worker?
		8. To what extent is empathy used as a means to understand and facilitate patient/caregiver expression, satisfaction and compliance?
		9. To what extent is there confidentiality/privacy in the healthcare setting?
	2. ***To what extent is the particular aspect of autonomy supportiveness practiced by healthcare providers in the delivery of mental health services from the perspective of the primary caregiver of patients?***
		1. Within the services received, to what extent is there autonomy supportiveness by healthcare providers, as perceived by the patients and their primary caregivers?
			1. Towards the caregiver?
			2. Towards the patient themselves?
		2. Within the services received, to what extent is the capacity of caregivers, as well as the burden of treatment on the patient-caregiver unit, kept in mind?
			1. What is the capacity of caregiver/ family/ environment/ overall situation to fulfil caregiving tasks/provide adequate support/care to the patient?
			2. How is this related to self-efficacy?
			3. Is this taken into account by the healthcare providers?
4. **Exploration of primary caregiver motivations in providing care for the patient.**
	1. ***What are the mechanisms through which caregivers are motivated in providing care for a patient with mental illness?***
		1. What is the spectrum and proportions of different types of motivation present – autonomous or controlled/intrinsic or extrinsic?
5. **Exploration of caregiver and patient perceptions about possibilities in patient-centred mental healthcare and places for improvement.**
	1. What are the perceived gaps by patients and primary caregivers in which there are places for improvement in the patient-centred context and delivery of mental healthcare services?
	2. What are the patient and primary caregivers’ expectations in regard to patient-centred mental healthcare?
	3. To what extent and in what ways do the primary caregivers feel they may contribute to the improvement of these services? How may the LHS (community/primary health care services/1st line services/etc.) contribute to improving PCC-oriented mental health service coverage, access, delivery, and quality?