Supplemental materials for

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Supplemental Table 1. Example Semi-structured Interview Questions

Healthcare Provider Interviews
In your opinion, what are some of the major challenges for patients when it comes to discussing stigmatized topics, such as mental illness and/or substance abuse?
Right now, how comfortable do you feel discussing mental health or substance abuse with your patients?
Can you describe a strategy you have used, or have wanted to use, to help a patient overcome stigma?
Patient Interviews
How do you feel discussing topics that some people might consider private or embarrassing with your primary care provider?
Do you feel there is a stigma around talking about mental health, emotional health, or substance use with your primary care provider?
In your opinion, what would help with lessening stigma, or making difficult topics easier to talk about with primary care providers or integrated behavioral healthcare providers??

Supplemental Table 2: Interview themes and subthemes

Primary category	**Theme**	**Subtheme**
Barriers	Provider as source of stigma	Provider behavior (enacted stigma)
		Patient fear (felt stigma)
	Self-Stigma	
	Public stigma	
	Family stigma	
Facilitators	Normalization of mental healthcare	In the clinical setting
		In the public setting
	Patient-centered communication	
Recommendations	Trust & rapport	
	Normalize	
	Patient-centered communication	
	Message framing	

Supplemental Table 3. Interview quotes: Barriers

Quote #	*Provider stigma: patient perspective*
1	I was feeling like my mental health was in a really good place. I felt like she [provider] jumped to, oh, you're chronically depressed, you need to be on medication. That's how I really felt. I'm like, wait, I feel good. So, I don't feel like I need to be on medication.
2	I remember hearing a provider talking about a patient and saying something to the effect of “well, if you need to see me, you've got problems”
3	The person I saw there [with IBH services], didn't listen to me. He already came in with his set opinion. He looked at my chart, knew what he was going to do, and made up his decisions before I even spoke
4	[The doctor said] “Oh, just get over it. Just go to therapy.” That was me in my mental state of like, I don't want to do this. I did feel that our views were very different on how to treat mental health… In the end, it was good. In the moment, I just felt attacked and not listened to.
5	I feel like…if I checked the wrong box, I'm no longer going to be in control of my health or my care. And…that lack of control, especially for someone that has anxiety, it's a big deal, being able to be in control.
	Provider stigma: provider perspective
6	But in clinic, I think there's also something like that; an unspoken, stigma or stereotyping, I think. I don't think I can describe it in words, but I can see in the clinic when we have somebody with that condition that nursing staff would be more blunt maybe, or when they room somebody with anxiety and they're visibly anxious, they could make a comment saying, "Well, I don't know, their blood pressure is high, they're probably still anxious" you know, something insensitive.
7	So, like, there’s somebody who's on your schedule, you haven't met them, they usually see your partner, you're like, “Oh, God, they have this or that.” I think that we all do that. It's…human nature to be like, “this is probably going to be a more challenging interaction,” because you know, this person is coming in with this symptom… So, I do think that we are biased against folks with those issues, particularly if they aren't our patients
8	There still is an issue with alcohol abuse, so that really probably has still a lot of stigma associated with it. And nobody likes to have that conversation. I think neither the patients or the providers really do well with that, what you usually see is if they have a spouse who's going to come in who says, you know, finally gets

	discouraged, says that this is an issue we've been dealing with for years, patient still is in denial with that.
9	I think, for my own biases, that would probably be more around the substance [use] issue. I'm not proud of that, or I'm not sure why that is. I mean, maybe it's because like I said, I've had…loved ones and personal experience with mental health [concerns] but not with substance disorders…I probably feel not as good about the care that I'm able to [give]. I feel like I can't help them how I want to if they have an active substance abuse [problem].
10	You may have a stigma [about] mood disorder, kind of as a protective device, because if you let somebody find that out, then they may try to figure out why you're having some issues. And, you know, we see the same thing with people coming in who have had PTSD from an abusive situation or something like that. They really come in with all these other associated symptoms, and don't really want to get into the mood issue, because if you break down that barrier, then the next thing is [finding out] what's going on.
	Interpersonal network stigma: patient perspective
11	I just remember saying stuff to a younger teacher, figuring she might have more sympathy [and] just being kind of brushed off, when they didn't think there is any issue or they just thought I was, you know, some lazy teenager
12	I worked there 25 years and only a few people have reached out when I went on medical disability
13	But the other one that is out there is employers, there is a lot of stigma, there is a lot of taboo, and there's a lot of self-consciousness when it comes to your employer.
	Interpersonal network stigma: provider perspective
14	I think a lot of people with diabetes would share that information with others. So family members know that John, for example, has diabetes. But not a lot of people would know that John has anxiety or John is struggling with substance abuse. I think that starts in the family and there's a taboo...about it that they can't share for fear of stigmatization or stereotyping.
15	The spouse of a male patient, if it’s a female spouse, she'll say, you know, he seems more short, or he seems angry more readily, and then the husband may be a little hurt for sharing that. Again, almost as if it's a sign of weakness to admit there's an issue.
	Self-stigma: provider perspective.
16	So, I work in the obesity care ward and we have almost the same stigmatization with patients trying to avoid this topic, because they feel they have failed to control their own lifestyle. And same with mood disorders. They might feel judged that

	they're not able to control that, and they should be able to control stress and depression.
17	I feel like for some patients, acknowledging that that [mental health concern] could be an issue for them, or a diagnosis for them is kind of like, seen as a failure by themselves. Like, I'm not sure what the reality is, in terms of how other people are perceiving them, but I feel like the language they use would reflect that.
18	It's almost like a sense of pride that they don't feel like they need it [help]. In some way, they view themselves as weak.
19	And I know, just speaking with primary care providers, they have folks on their panel that they have seen for decades, and are just not doing well, but are not willing to see somebody because the message that they've got growing up is that you just push it down, or you take care of it yourself, and you move on.
20	[The patient says] You're jumping right to the mental health thing as well; couldn't it be something else? No, no, we, at some point, we have to say no, it's not. Stop. And so, you know, I'm not sure people are even listening.
21	I've heard some patients feel that their symptoms are being not acknowledged or being ignored. What I've done with some of my patients [who] have a lot of somatic symptoms and, and then we send them for tests, and they're all coming back normal. I don't want to undermine the symptoms of this patient. So, I would proceed with working them up

Supplemental Table 4. Interview Quotes: Facilitators and recommendations

Quote #	*Patient-centered communication – Patient perspective*
1	No, he was listening, he was trying to get all the information in detail. He was helpful, it was his way of being willing to help. Then…telling me that he has all the time with me to say whatever I need to say. That is really very important. To feel that there is someone who will be able to understand you, and to understand your problem. That he is ready to help you.
2	Oh, yeah, it was awesome. You know, it felt like there's no topic that was off limits, you know. It really felt like she cared for me as a person. I think that's a big thing to know, in healthcare nowadays. I think empathy is a big thing, and bedside manner.
3	One of the things we always forget is never underestimate the value of an empathetic human being.
4	I think the key to helping me finally accept help is showing that 'you have strengths.' But also pointing out that there are things we can do to help you with your weaknesses.
5	She's like, I know how strong of a mom you are. And I want you to be that strong mom. And I want you to continue to be that strong mom…What can I do to help you with that?
6	There's been a couple times where a nurse or nurse practitioner will hand me a pamphlet or handout. And she'll actually sit down and go over a little bit with me to circle some of the pertinent things. I don't mean just on the behavioral issues, you know, anxiety, but on anything. And, you know, if they can take a couple minutes to circle some of the pertinent information, it might help to open up the conversation also.
	Patient-centered communication – Provider perspective
7	Step one is to read the chart. And step two is, listen to the story. Step three is touch the patient
8	I think the person-centered approach is really valuable, you know, what's your greatest concern? What are your greatest needs? How can we help you address them?
9	I think getting the patient's viewpoint on mental health is helpful. Then I think also believing what the patient says, and not trying to probe for answers.
10	Being very open and using the kind of language that makes people feel that they won't be ridiculed or looked down upon if they admit to having problems.
11	So I'm really, really explicit with patients about what I do put in the note and what I don't put in the note, because that allows them to feel comfortable talking about things, and automatic thoughts and just topics that they might not talk about if they

	think it's going to be word for word in my documentation. So I think that's a really important thing. There are certain things that we have to put in documentation from an ethical and legal perspective. But reading notes, reading a lot of other providers notes, I think, we don't do it judiciously. And we really need to focus on what is extremely pertinent and relevant to other medical professionals.
	Build trust and rapport – Provider perspective
12	The more you know your patient, I mean, the longer-term relationships, I feel like people are more open to disclosing. And so I do think that the longer term relationship, for most patients, becomes…a safety feature in terms of disclosure and seeking care.
13	I don't think I have the same degree of bias at all against my own patients, because it's like, I know that you're a loving mom to this child, and I take care of both of you, or I know that you like to do this as a hobby. And that humanizes you for me.
14	I would say, maybe take a minute, and be genuine. Make a conscious effort when you're asking a question to really be genuine. Take the time, and make sure that your patient knows that you are being genuine. Because I think no matter who it is, if you really are struggling, hopefully you'd feel that human connection
15	I think the importance of taking a little extra time to humanize people or to kind of figure out something else that is a piece of who they are beyond their mental health problem, or their substance abuse problem, you know, because I think that makes us more compassionate.
	Message framing – Provider perspective
16	And it helps me… the way that I'm saying this is actually not affirming. And I should change my language so that I can be affirming.
17	There's no one-size-fits-all in terms of how to approach a patient and decrease stigma. [When training providers how to communicate about mental health] you might need to create different scenarios, depending on the background or characteristics of a patient. Then based on that, follow that up with how to go about it, based on the background information of the patient.
	Normalization – Patient perspective
18	When I was going through cancer, every brochure I picked up said something about anxiety. So that really helps the patient to think: oh, it's okay to have anxiety while you're going through this major thing in your life. And it's okay to go in and see if there's some helpful situation to help you. But for the person that isn't going to a primary care doctor or to any doctor at the time, they're going through some stress. Maybe it's harder for them to visualize or think that it's okay, because they're not reading the darn pamphlets.

19	I think it’s gotten better for sure. I think a big thing is people don't have a big issue with talking about regular anxiety and depression. I think that's become so commonplace in our culture now to talk about that.
20	If it's part of their normal routine, to ask ‘how are you feeling?’ ‘Here's some resources, even if it's not something you feel comfortable bringing up with me, here's just some things that you can do.’ Then they could send messages on [the patient portal], maybe once a year or something like that, ‘here's an article if you're struggling with mental health, [here are some] things you can do yourself and, if you can't resolve it yourself, here are some numbers or resources that you can contact.’
21	I think it's just, the more times you're exposed to somebody asking how you're doing, the more times you are exposed to them asking questions about your mental health, the more likely you’re going to be thinking that it's okay to talk about it.
22	I suppose the biggest thing is, really, it's empathy, drawing from your own experiences to relate to your patient on a deeper level, to increase that trust. You know, like my doctor stressed that she has struggles with mental health as well. And she actually said, I've had experience with this type of medication, so you know the stuff she's prescribing me, she's actually dealt with herself. So she knows you're going to get some, you might get these [side] effects, this might help you, this is what works for me.
	Normalization – Provider perspective
23	Personally, I feel like there is less stigma than there used to be. But any kind of residual stigma is more around self-acceptance of the diagnosis.
24	I worked in a smaller kind of rural practice setting. I think, especially in that community, there was more stigma. I just kind of feel like since that time…there's so much more awareness and acceptance of how common it is, particularly among younger patients. I mean, I think there's still more stigma among my older patient population, but it's talked about so much at school and in social media, that it's been almost normalized, you know, which is good. I feel like people are less hesitant to bring it up or to accept treatment recommendations.
25	It's definitely more prevalent among my female patients compared with male in terms of presenting and acknowledging those concerns and potential diagnoses. Willingness to engage seems greater in female than male patients.
26	I think it's gender driven. I think that I have better luck with my female patients than I do my male and I don't understand what that reflects. I strike out more often with my male patients than I do with my female patients
27	It was just easier for them, cause it was something they were used to. And so going to a new clinic and having fears, for somebody who's severely depressed

	just doesn't seem possible, right? It's a new step. If you're just coming back to the clinic, you're used to seeing it, it's not as big of an issue.
28	I really think that the integrated behavioral health model has helped with that, because I think there was a big stigma about going to [psychiatric specialty clinic], [whereas here] this is part of primary care and mental health is part of primary care.
29	But at least it's right here on the floor. I still…walk out, talk to somebody, and then come back and say, “well, yeah, there was another patient right now, but we'll go ahead and order up the visit with the therapist and so forth.” And the patient says, “Yeah, great, right here.”
30	Normally I tell patients that your ability to partner with me, and build a plan that's effective, is really dependent on your ability to engage. And if your bandwidth for engagement is compromised because of depression, or anxiety, or sleep deprivation or other issues, it'll make you a less successful partner with me.
31	I try explaining that high blood pressure is associated with an anxious mood, or stress. I start asking about mood, and how they have been feeling lately. That's how I can probably make a segue into that.
32	Each of us have a limited psychic bandwidth to engage with the world. And the more that bandwidth is consumed by issues like depression or anxiety, the less bandwidth you have to partner with me in building a plan that makes sense for you. So if we can find a way to help you [free up] bandwidth that may involve talk therapy or medication, you'll be a better partner in your healthcare and you'll do better.
33	I use my own experiences with my patients to tell them that it is okay to have these feelings. It's okay to be uncomfortable and to tell me that you're uncomfortable.
34	I think that my, I'm pretty transparent with a lot of my patients that I have, you know, known for almost 20 years. With a lot of them, I don't hesitate to share some in terms of personal experience, or try to reinforce the importance of engaging with therapy or considering medication, if that's recommended, and, I think that helps me care for those patients.