**Supplemental Table I.** Semi-structured interview guide

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| Questions |  |
| **Demographics** |  |
| 1. How long have you been practicing? |  |
| 1. What setting of genetic counseling do you work in? |  |
| 1. How long have you been in this setting? |  |
| 1. About how many referrals to any mental health professionals have you made within the past year? |  |
| **Referral-specific questions**a |  |
| 1. Tell me about a recent experience with a referral to mental health professionals.    1. Information I want consistently between interviews/ will collect if not offered:       1. Age of patient       2. Gender of patient       3. Indication for genetic counseling       4. Did the patient follow-through? 2. What lead you to believe a referral was warranted? 3. Was this a typical referral experience for you?    1. If no, what was different about this referral? |  |
| **General questions about past referrals**b |  |
| 1. What is the general route you take when making a referral?    1. To whom do you make the referral? (What type(s) of mental health professional(s)?)    2. What barriers, if any, did you experience in making referrals? 2. What is your current method of mental health assessment, if any? 3. Do you use any specific instruments/screening tools/questionnaires? 4. What factors/variables is this assessment screening for? 5. Are there common genetic indications or common reasons for which you make referrals? 6. If so, what are the indications? 7. Of the referrals you have made, have the patients followed through and met with a mental health professional? 8. What do you believe to be the differences in services provided between genetic counselors and mental health professionals? |  |

*Note.*. aThese questions are regarding a specific, recent or significant experience with referral.

bThese questions are focused more broadly on general experiences with referrals to mental health providers.

**Supplemental Table II.** Themes derived from transcriptionsa

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| Questions | Coded themes |
| **Type of Case** | 1. Prenatal diagnosis of condition; 1a. Current, 1b. Past, 1c. Prenatal risk  2. Rule out hereditary cancer syndrome; 2a. Affected individual, 2b. Unaffected individual |
|  | 3. Adult with genetic condition (non-cancer); 3a. Adult at-risk for genetic condition  4. Parents of a child with genetic condition  5. Child (<18) with genetic condition |
| **Concern that prompted referral to mental health provider** | 6. Termination decision (aftermath/coping)  7. Disease-related anxiety/ coping (non-cancer); 7a. Disease risk-related anxiety  8. Personal history of mental illnessb/ patient indicates s/he is depressed  9. Limited social support; 9a. No/limited support; 9b. Not seeking support  10. Psychosocial reaction to recent cancer diagnosis  11. High score on screening tool  12. Difficult making a decision regarding a prenatal diagnosis  13. Patient prompted (various reasons)  14.Seeing mental health provider is required component of genetic counseling/ genetic testing service  15. Coping with incidental genetic testing finding  37. Psychosocial reaction to genetic testing result |
| **Barriers/ obstacles to referrals to mental health provider** | 16. Patient not receptive; 16a. Not otherwise specified, 16b.Does not see benefit, 16c. Stigma, 16d. Fear (includes retaliation from abusive partner), 16e. Concerns about provider  17. Difficult to find MH providers not otherwise specified; 17a. Providers who understand genetic conditions/sequelae,17b. Providers in general  18. Logistics in general; 18a. GC does not have medical authority to formally make the referral, 18b. No formal way to make a referral in EMR  19. Availability/accessibility of mental health providers  20. Financial/insurance barriers |
| **Common indications for referrals to mental health providers** | 6. Termination decision (aftermath/coping)  7. Disease-related anxiety/ coping (non-cancer); 7a. Disease risk-related anxiety  8. Personal history of mental illnessb/ patient indicates s/he is depressed  9. Limited social support; 9a. No/limited support; 9b. Not seeking support  10. Psychosocial reaction to recent cancer diagnosis  11. High score on screening tool  12. Difficult making a decision regarding a prenatal diagnosis  13. Patient prompted (various reasons)  14.Seeing mental health provider is required component of genetic counseling/ genetic testing service  15. Coping with incidental genetic testing finding  37. Psychosocial reaction to genetic testing result |
| **Differences between genetic counselor and mental health provider** | 21. Long-term (mental health) versus short-term (genetic counseling) supportc  22. Genetic counselor supports during crisis/crisis intervention  23. Patient with mental health condition more suitable for mental health provider  24. Genetic counselor trained to identify significant problem and then refer (serve as filter)  25. Genetic counselors’ role is to remove stigma of mental health service.  26. Genetic counselor handles genetic counseling-specific issues but refers those unrelated to genetic counseling |
| **Closing comments** | 27. Routinely makes referrals for certain conditions because not sure she will always identify patients who need services (filtering based on diagnosis alone - no active assessment)  28. Students/genetic counselors need to have more training in identifying and managing patients versus just identifying resources  29. Need to identify network of mental health professionals; 29a. Network in general, 29b. Network of those familiar with specific patient populations’ concerns.  30. Making these types of referrals is important part of genetic counseling  31. Sometimes hard for genetic counselors to identify patients to refer - having a tool helps |
| **Other topics identified** | 32.When to document/how much of history to document  33. Process of making referrals - make call while patient is in the room  34. Would be helpful to have a standard assessment  35. Responsibility of genetic counselor to follow up  36. Patient asks for referral for unrelated reason |

*Note.* aThemes were derived after eight transcriptions were reviewed by two authors (MC and AT). At this time, the authors believed saturation was met. Additional themes were developed as needed.

b Mental illness includes past or current substance abuse

cFor these themes, this code was used when the participant felt that long-term care was beyond the scope of practice for genetic counselors as well as the notion that long-term care is needed because of implications of patient diagnosis