

Supplementary file 1

Table 1: Research priorities for patient safety in mental health

No.	Research priority	% Consensus (n=79)
Governance and improvement		
1	To gain consensus on guidelines on how patient observation should occur and keep patients safe	78.6%
Restraint		
6	To use quality research to explore how people feel about restraint	71.9%
7	To identify important factors in allowing reduction in restrictive practices including restraint and seclusion	90.5%
8	To identify the main contributory factors in the use of restraint	85.7%
9	To establish the prevalence of restraint and reasons for differences among units	71.4%
11	To explore patients' trauma after restraint	78.6%
12	To understand why people die from restraint	71.4%
13	To identify alternatives to restraint	88.1%
Children and patient safety		
15	To understand how problems arise and escalate related to self-harm and suicide in children	83.3%
16	To explore children's safety when parents with mental health problems become unwell	88.1%
17	To explore preventing other harm and secondary damage to children	81.0%
General safety		
18	To conduct an observational study of adverse events on psychiatric units	85.7%
19	To identify what errors or adverse events happen as patients' interface between the medical and mental health system	76.2%
20	To investigate preventable errors or adverse events in general in mental health patients	78.2%
21	To explore the relationship between therapeutic engagement and patient safety	81.0%

23	To explore why people disengage with services on discharge from a mental health unit	73.8%
24	To identify the important factors on discharge to keep people safe and comparison across services	88.1%
25	To investigate the safe alternatives to admitting someone to hospital	81.0%
26	To examine dual diagnosis patients falling through the gap and what can be done to prevent this	71.4%
Suicide prevention		
27	To conduct a well-controlled study interventions to reduce suicide in outpatients	81.0%
28	To compare and contrast community approach, hospital approach and mental health approach in their attempt to reduce suicide	71.4%
29	To establish the effectiveness of suicide prevention interventions in large patient samples	83.3%
30	To examine suicide prevention in marginal groups	81.0%
31	To identify risk factors for suicide on discharge from hospital	78.6%
32	To detect people who are at risk of suicide but are not in the mental health system	78.1%
33	To identify adverse events that happen to mental health patients above and beyond suicide	81.0%
Safe environments and culture		
39	To examine the influence of the environment on violent behaviour	76.2%
40	To identify environmental factors that indicate a safe environment	81.0%
41	To establish the best approach to ensuring safe environments in mental health units	85.7%
42	To examine the management of a safe and therapeutic inpatient space	81.0%
43	To understand the cultural aspects of safety within an organisation or ward and the major influences in improving the safety culture	83.3%
44	To explore the climate and cultural tool use in relation to what influences patient safety culture	75.0%
45	To establish best practice guideline for design of an inpatient setting	87.5%
46	To identify what constitutes a safer acute ward build	73.8%
Violence management		
47	To identify positive and negative factors that influence violence management	78.6%

48	To understand what prevents violence in patients with mental health conditions	78.6%
Risk assessment		
49	To understand the nature of the concept of risk assessment	75.0%
50	To examine the benefits of a good risk assessments system versus someone who had no risk assessment	78.1%
Patient perspective or patient centred		
53	To explore the patient perspectives on reasons for their self-harm behaviour	73.8%
54	To explore patient perspectives on ways staff can help them manage their self-harm behaviour	73.8%
56	To explore the patient perspective on medication safety	90.6%
57	To explore patient perspectives on ligature points in an inpatient environment	78.1%
58	To explore patient perspectives on their own safety	73.8%
59	To explore staff and patient perspective on what determines a safer culture in inpatient setting	87.5%
60	To explore perspectives on safety culture in patients who self-harm	90.6%
61	To explore patient experience of staff assault on patients	78.1%
62	To explore patient experience of complaints after coercive intervention	75.0%
Decision making and safety		
63	To investigate staff decisions to admit patients presenting with self-harm behaviour	81.3%
Demographic studies and safety		
65	To evaluate same sex wards compared to mixed sex wards in relation to patient safety	78.1%
66	To examine the role of racism in the mental health system in relation to coercive interventions	71.4%
Psychological trauma		
67	To examine mechanism of trauma and psychological harm associated with inpatient admission	78.1%
68	To explore patient experience of coercion in those who've experienced trauma	78.1%
Safety intervention studies		

73	To conduct trial of different interventions to reduce patient safety incidents compared with other interventions	71.4%
75	To establish de-escalation should constitute and how to evaluate it	87.5%
Safety plans and self-management		
76	To understand specific things patients know regarding their own risk	71.4%
77	To identify what constitutes good self-driven individualised safety planning	90.6%
78	To conduct a large trial on whether safety plans could improve safety	90.6%
79	To investigate personalised model of risk	81.3%
80	To understand how patients themselves can contribute to their own safety	100.0%
81	To examine the self-management of service users of their own recovery	84.4%
Staff perspective		
89	To explore the attitudes of staff and its impact on coercive practice	75.0%
90	To identify future training of staff in coercive practice	71.9%
Patients in the community and their safety		
95	To explore what constitutes a place of safety in the community for mentally ill patients	75.0%
98	To examine mental health safety in the community	81.3%
101	To explore waiting to be seen in accident and emergency rooms and the link to violence	78.1%
102	To understand what support is available after discharge	71.9%
Physical health in mentally ill patients		
103	To examine how improving the quality of life and the physical health of people with severe mental illness	71.4%
104	To examine mental health staff engagement with inpatients on their physical health	75.0%
105	To compare and contrast physical health hospitals and mental health hospital take on patient safety	71.9%
107	To explore of physical health adverse events in mental health patients	81.3%
108	Factors related to restraint in mental health patients with physical health problems	71.9%
109	Relationship between lack of physical activity in acute settings and dangerous behaviour	75.0%
Safety in general hospitals for mentally ill patients		

111	To examine safety in mental health patients diagnosed with mental health condition in general medical hospitals	71.9%
112	To compare and contrast errors and adverse events in general medical hospitals in patients with mental illness and those without mental illness	71.4%
Death		
115	To identify reasons for early death in patients with mental health problems	78.1%

**Priorities in bold italics did not come to a consensus*