

Supplementary Topic Guide. Interview topic guide using the COM-B model

Opening questions	
Nature of the behaviour	<ul style="list-style-type: none"> • How do you currently ask your clients about the impact of their hearing loss on their emotional well-being? • What percentage do you refer for specialist mental health support? • In your practice, what would be your estimate of the percentage of clients experiencing mental health concerns?
COM-B Component	
Psychological capability	<ul style="list-style-type: none"> • What is your understanding of the emotional and mental health impacts of hearing loss? • Are you aware of any guidelines about how to support your clients with their emotional and mental health needs? • How easy do you find it to ask your clients about the emotional impacts of hearing loss? • Is asking your client questions about the emotional impacts of their hearing loss an automatic part of your job or does it require effort? Tell me more. • How do you know when it is appropriate to ask clients about how their hearing loss has impacted on their emotional well-being?
Social Opportunity	<ul style="list-style-type: none"> • How might the views/opinions of others (colleagues, managers, patients, professional groups) influence your decision to ask about or provide general information about the emotional and mental health impacts of hearing loss? Would you be more inclined to do this if more of your colleagues were doing it? • How do you think GPs/psychologists would respond to receiving a referral from an audiologist/audiometrist regarding mental health symptoms? • If you were unsure how to help a client of yours who was reporting emotional distress, who would you approach for support?
Physical Opportunity	<ul style="list-style-type: none"> • Do you currently have sufficient time to ask about and provide information regarding the emotional and mental health impacts of hearing loss? • If you had unlimited time for your appointments, would you have sufficient resources/systems in place to enable you to ask about and provide information regarding the emotional and mental health impacts of hearing loss? • Do any aspects of your clinical environment prohibit you from asking about and providing information on the emotional impacts of hearing loss and appropriate treatment/management options?
Reflective Motivation	<ul style="list-style-type: none"> • How do you think your clients would respond to you asking about the emotional impacts of hearing loss? • Do you feel that asking about the emotional impacts of hearing loss is within your scope of practice?

Automatic Motivation

- How does asking about the emotional impacts of hearing loss fit within the broader role of providing audiological rehabilitation?
 - How confident are you in your ability to ask clients about the impacts of hearing loss on their emotional well-being? What skills would you require to start doing this tomorrow?
 - When you think about the audiology profession, do you see us providing emotional and mental health support to our clients as routine services in the future?
 - What might be the advantages and/or disadvantages of asking your clients about the emotional impacts of hearing loss?
 - What do you think might happen if you ignore the emotional and mental health symptoms displayed by your clients?
 - When you start your day, do you have intentions to ask your clients about how their hearing loss has impacted on their emotional well-being? Then what happens?
 - Are there currently any incentives/rewards/punishments/consequences for you to ask your clients about how their hearing loss has impacted on their emotional well-being?
 - How do you feel about asking your clients how their hearing loss has impacted on their emotional well-being? Do you have any worries or concerns about it?
 - Does knowing that your clients are experiencing mental health symptoms, but not getting any support worry you?
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Supplementary Table 1. Barriers and facilitators in capabilities of clinicians for asking about emotional well-being

Capability sub-domain, themes and corresponding sub-themes	B/F/M (N)	Example quotes
Physical capability		
Nil		
Psychological capability		
1. Knowledge of asking about emotional well-being	M (15)	
• No knowledge of what questions to ask	B (3)	“I don’t know exactly what to be asking.” (C1)
• (No) Knowledge of how to approach/ask about emotional well-being	M (4)	“I think I’m more likely to ask if I know how to follow up on it.” (C5)
• No knowledge of how to guide the conversation about emotional well-being	B (4)	“I’m okay at acknowledging the initial issue that comes up, but I don’t know how to finish that discussion.” (C1)
• Knowing about resources/where to find resource	F (2)	“I thought it really makes a huge difference to me if I know what resources I can jump off into in response.” (C5)
• Not knowing how to measure the psychosocial stuff	B (1)	“I’m not comfortable talking about the psychosocial stuff because I can’t measure it.” (C7)
• Not knowing the triggers to ask	B (1)	“I’m not entirely sure what would be the trigger” (C1)
2. Skill	M (13)	
• Not having the language to ask about emotional well-being	B (2)	“I don’t have the wording, sometimes, to leave that conversation.” (C1)
• (No) counselling skills	M (5)	“I don’t feel like I have the skills to necessarily get too deep in there.” (C3)
• Building rapport/trust with clients	F (2)	“I think it comes quite naturally when you can build rapport with them.” (C4)

• (Lack of) skill of getting deep about emotional well-being	M (2)	“I start talking about their family ... then I would go, okay, so you’ve mentioned the family situation, how do you go hearing in that situation? And a lot of them will say, well, I can’t understand it when they all started talking at once or they crosstalk. Then I’ll say something like, that must be frustrating for you. And, then they’ll go, yes, but I can’t expect them to stop and not talk like that, essentially. So, it just develops in that way for most people.” (C3)
• Asking about emotional well-being is difficult	M (2)	“I don’t find it hard to ask them.” (C2)
3. Forgetting	B (2)	“I feel like there’s so much to remember and that’s not one of them. You sort of forget about it.” (C2)
4. hearing healthcare clinicians’ awareness of emotional impacts of hearing loss	F (32)	
• Awareness about different impacts on emotions and confidence	F (11)	“I definitely see a lack of confidence. Many of them report that they don’t feel confident going back into those meetings and so on.” (C14)
• Awareness about frustration and need for coping	F (5)	“I’ve got one client; he gets so frustrated with his own inability that it actually leads to quite anxiety in him.” (C9)
• Awareness that clients may not bring their emotional issues up because of not knowing about the link between hearing loss and emotions	F (4)	“I think that they really probably do feel the impact of it, but they just don’t recognise that it may be related to their hearing loss and therefore that’s why it doesn’t really come up in conversation.” (C6)
• Awareness of clients’ difficulties with their significant others because of the hearing loss	F (4)	“Yes, [my clients say] things like I don’t sit in the same room as my partner anymore because we can’t hear the same thing on the TV.” (C12)
• Awareness of stigma and social issues associated with hearing loss	F (8)	“Especially the older generation have that concern about the stigma associated with the anxiety.” (C6)

Note. B: Barrier, F: Facilitator, M: mixed, N: number of statements describing the phenomenon, C: Clinician

Supplementary Table 2. Barriers and facilitators in opportunities for clinicians for asking about emotional well-being

Opportunity sub-domain, themes and corresponding sub-themes	B/F/M (N)	Example quotes
Physical opportunity		
1. Time for asking about emotional well-being	M (7)	“Breaking down the distrust [for our profession] is sometimes a hard thing to do in an hour.” (C3)
2. Tools	B (2)	“If someone’s going to bring up an emotional concern within an appointment, I want to have the tools to address that effectively.” (C8)
Social opportunity		
1. Social influence from clients	M (44)	
• (Lack of) clients’ openness to questions about emotional well-being	M (26)	“Some are ready to tell you ... But then you get others that are not open to it at all.” (C3)
• If clients bring it up, audiologist asks about emotional impacts of hearing loss	F (4)	“Generally, my clients start the discussion, I listen to what they’re saying and as soon as I hear something like that, then I’ll start questioning more.” (C9)
• Need for elaboration on questions about emotional impact questions to unaware clients	F (1)	“There is a question in amongst the history where we ask them to write the impact, and often, they don’t know what you mean by that. So that’s where I would elaborate and say, how does it affect you? Do you get frustrated?” (C5)
• Clients distrust to qualifications of audiologist for mental health stuff	B (2)	“People come in and be like, are you qualified, what are your degrees?” (C3)
• Cochlear implant clients more willing to express feelings than hearing aid clients	F (3)	“... the implant clients are much more willing to express how they’re feeling ... whereas my hearing aid clients will come in and go no I’m fine, my family are saying that I’m not hearing well but I’m fine.” (C11)

• Male clients do not feel comfortable talking about emotions	B (2)	“... they [males] have been more reserved in terms of expressing their concerns.” (C6)
• Being a patient for an audiologist is difficult for some clients in certain professions	B (1)	“If they [GPs and highly qualified academic people] become your patient, I can often see how they find it difficult to be the patient because they’re so used to having the patient in front of them.” (C14)
• Lack of client awareness about audiologists’ role in emotional stuff	B (3)	“Some people feel safer when you do keep it within the realm because some people are like, why are you asking me this?” (C1)
• Changes of clinicians and clients	B (1)	“With COVID, we’ve had a lot of changes of clients and less continuity ... You can go through the notes, but you still don’t actually gauge [unclear] and that relationship, and what exactly was the most important points necessarily from the notes if you have time to look at the notes. So, I think a lot of that is missed with clients changing clinicians.” (C10)
2. Supportive Peers	F (5)	“We mentor each other, and we learn from each other.” (C14)
3. Normalisation of discussions relating to emotional well-being (reduced stigma)	F (3)	“I guess if you normalising, it does become easier.” (C3)
4. Presences of significant others	F (5)	“Normally when there’s a significant other there it’s a bit easier.” (C3)

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Supplementary Table 3. Barriers and facilitators in motivations of clinicians for asking about emotional well-being

Motivation sub-domain, themes and corresponding sub-themes	B/F/M (N)	Example quotes
Automatic motivation		
1. Emotions associated with asking clients	M (12)	
• Feeling comfortable (or not)	M (10)	“It starts off well, but I think it always ends awkwardly.” (C1)
• Anticipated regret	B (1)	“I would feel really horrible that I didn’t help them, knowing that I could have helped them.” (C2)
• Feeling anxious	B (1)	“I think that anxiety on the clinician’s part of not quite knowing what to do.” (C8)
2. Being in the habit	M (6)	“I’m just not in the habit. Don’t really think to ask it.” (C1)
3. Use of reminders/prompts	F (4)	“They fill that [rating scale of hearing loss impact on quality of life] in, but if they don’t fill it in, then once it comes up in our case notes, I notice it’s not filled in and I ask them again and have a discussion about it.” (C2)
Reflective motivation		
1. Beliefs about consequences	M (15)	
• Necessary to get more out of the rehabilitation	F (3)	“If we start incorporating it [asking about emotional well-being], they will get more out of the program.” (C2)
• Beliefs about advantages of uncovering emotional issues and not ignoring it	F (11)	“If we’re talking about it from human point of view, it’s having a big impact on them and their families.” (C3)
• Do not believe in effectiveness of referral	B (2)	“Because my feeling is, even if they go to a psychologist, we don’t usually hear back.” (C5)

• Opening a can of worm	B (1)	“I think it feels a bit like opening a can of worms ... it depends on who you’re asking that question to and what time is going to go into that answer.” (C8)
2. Beliefs about confidence/capabilities	M (11)	
• (Lack of) confidence in asking	M (8)	“Most of the time I probably wouldn’t have the confidence to bring it up myself, I would feed off them.” (C6)
• Feeling fine to ask about emotional well-being	F (2)	“I feel absolutely fine to ask it [about emotional well-being].” (C2)
• Belief in own capability to feel the vibe	F (1)	“I guess it depends on that, how ready they are to come in. I feel like you just read that as just another person. I don’t think you really need them to say anything specific or fill out a form. I think it’s just like a vibe.” (C2)
3. Beliefs that a person experiencing a life transition may require more mental health support	F (1)	“But what I sometimes get amongst young people who have just left school, or they’ve started to work ... they’ll come in and say they can’t hear, and their hearing is so much worse than what it used to be. And then if you look into it, it’s their listening environment that’s changed, and there’s so much more work pressure on them and that’s what they’re actually struggling to deal with.” (C14)
4. Personal interest in the client as an individual	F (11)	“Even if I know them a little bit, I like to find out a bit more about them on a personal level, and then I can start to dig deeper into the emotions.” (C14)
5. Scope of audiology	M (5)	“I think asking in relation to hearing loss or symptoms of balance and tinnitus, I think yes. We can ask about the emotional impact that that’s having.” (C5)

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