**Supplementary Appendix 1**

List of themes and categories identified in the thematic analysis

|  |  |
| --- | --- |
| Category | Description |
| **Theme 1: Barriers inhibiting positive interaction within personal relationship network** |
| *Barriers to safety* |
| Lack of compassion | To ensure the user’s psychological safety, mental health care should avoid re-traumatisation. However, mental health professionals sometimes exhibit a lack of compassion toward the lived experiences of users. |
| Life security is threatened | The users would lose equal access to education or work because of having a mental illness, which can lead to poverty in later life. |
| *Barriers to control* |
| Choice is unavailable | Current mental health systems require the user to follow pre-defined treatment protocols and procedures. |
| Authority slope | Any chance for consultation and discussion of treatment choices, including use of medication and type of medication, is usually unavailable. |
| Disempowerment due to symptom and medication | Users could not trust their own feelings, wishes, or abilities to make decisions since developing mental illness. Use of antipsychotics and side-effects might add to distrust in oneself. |
| *Barriers to reunion* |
| Less value for life with mental illness | Users can have their own unique role, mission, and values within their personal relationship network as a part of society. However, when having mental illness, users feel they are outside the society. |
| Peers are unavailable | The user identifies someone who has experiences with mental illness as a role model. Current mental health systems often fail to offer chances or a place to acknowledge users’ peers. |
| **Theme 2: roots of barriers** |
| *Mental health systems* |
| Systems without trauma sensitivity | Current mental health systems without trauma sensitivity could cause re-traumatisation that threatens psychological safety. An authority slope usually exists between mental health professionals and users. |
| Lack of advocacy support | Compulsory admission is frequently adopted in mental health care. Advocacy support is unavailable at crisis and psychiatric hospital admission. |
| Limited access to psychosocial approaches | Mental health professionals stick to medical practices which are refundable under the benefit schedule for public health care insurance programme. They tend to pay little attention to the personal relationship network of which the user is a part. |
| *Social cultural context* |
| Routines and rules are more important than value | People share the cultural norm that routines and rules should be followed at any time. Little importance is attached to personal wishes and values. |
| Regulation by shame and pressure to be successful | Human behaviours are regulated by a sense of shame and pressure to be successful. The user would feel shame and guilt about failing to meet the expectations for a man/woman who is valued. |
| Thinned social network except for family ties | Most people (in Japan) have no specific belonging groups outside work or family, such as charity organisations or those based on religious beliefs. |
| **Theme 3: solution to address roots of barriers** |
| *Organisational change* |
| Trauma-informed care systems | Participants acknowledged that mental health services should be transformed into trauma-informed care systems. |
| Advocacy support available in crisis | Peer support during a crisis as a possible solution to overcome challenges due to lack of advocacy support. |
| Community- and network-based structure | A transformation of mental health systems toward community- and network-based structures from current hospital- and medication-centred structures. |
| *Social cultural change* |
| Personalised goals are most valued | A counter-culture that would reform the social cultural norms on which current mental health services stand. |
| Inclusive design that overcomes stigma | The importance of peer support among people with mental illness, as it poses an example of inclusive design of the whole society that overcomes stigma toward people with diverse challenges |
| Open and acceptable community | A social cultural change to increase the small number of safety rooms in society where anyone is accepted and valued as a person. |