S U P P L E M E N T A L   M A T E R I A L

METHODS

Locations

During the study period (January 1, 2014 to December 31, 2018), psychiatrists in the emergency room conducted 30,336 initial patient evaluations. Most of the patients on the inpatient psychiatric units were admitted there from the psychiatry emergency room, with some patients transferred from medical/surgical services, admitted from outside hospitals, or directly admitted by outpatient providers. During the study period, 1,568 patients were admitted from the psychiatry emergency room to one inpatient unit, and 1,972 patients were admitted from the psychiatry emergency room to the other inpatient unit. Data were not available regarding the number of patients admitted to the inpatient units from locations other than the psychiatry emergency room.

Exclusion Criteria for Incident Reports

A small number of incident reports were excluded from the analysis as they were judged to be out of scope because they did not involve any allegation of a patient in the psychiatry emergency room or the inpatient units becoming aggressive or violent toward another person. One incident report was excluded because the incident occurred in the outpatient psychiatry clinic. One report was excluded because the patient self-injured but did not assault anybody else. Three reports involved patient complaints about staff.

Variables Defined

Several event characteristics were defined prior to data collection and extracted for quantitative study (Supplemental Table 1).

Table S1   Quantitative Descriptors of Assault Events

Variable	Description
Hospital day	On what hospital day did the assailant commit his or her first assault? Day of presentation is day 0.
Event weekday	On what day of the week did the assault occur?
Event time	At what time of day did the assault occur?
Event location	On what unit did the assault occur?
Involved parties	Who was assaulted? Categories were patient to patient, patient to staff, and patient to visitor.
Means of assault	Categories were punch, slap, grab, hair pull, scratch, kick, push, spit, bite, sexual misconduct, other mechanism. "Other mechanism" included a free-text option, which led to additional categories of projectile, tackle, charge/lunge, other, unspecified. A list of weaponized objects was created.
Assault severity	The Modified Overt Aggression Scale was used.
Victims	Who was the victim? Categories were patient, security officer, attending doctor, resident doctor, medical student, physician's assistant or nurse practitioner, nurse, mental health worker or emergency room technician, and other.
Interventions following assault	Categories were intramuscular antipsychotic, intramuscular benzodiazepine, oral antipsychotic, oral benzodiazepine, security involvement, manual hold, mechanical restraint, and seclusion.

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Two authors qualitatively analyzed the assault narratives, looking for antecedent themes or events that were associated with subsequent assaultive behaviors according to the medical record.

Table S2   Consolidated Criteria for Reporting Qualitative Studies (COREQ) Checklist[a]

Item	Guide Questions or Descriptions	Comment
1. Interviewer or facilitator	Which authors conducted the chart reviews?	R. L. and S. R.
2. Credentials	What were the researcher's credentials?	R. L. and S. R. are board-certified psychiatrists.
3. Occupation	What was their occupation at the time of the study?	R. L. and S. R. are board-certified psychiatrists.
4. Gender	Was the researcher male or female?	One is male, one is female.
5. Experience and training	What experience or training did the researcher have?	The principal investigator has attended classes on qualitative methods, has done independent reading on qualitative methods (e.g., books and articles), and has prior experience designing and conducting multiple qualitative research studies.
6. Relationship established	Was a relationship established prior to study commencement?	Not applicable – qualitative analysis was applied to preexisting medical records.
7. Subject knowledge of the interviewer	What did the participants know about the researcher (e.g., personal goals, reasons for doing the research)?	Not applicable – qualitative analysis was applied to preexisting medical records.
8. Interviewer characteristic	What characteristics were reported about the interviewer (e.g., bias, assumptions, reasons, interests in the research topic)?	Not applicable – qualitative analysis was applied to preexisting medical records.
9. Methodological orientation and theory	What methodological orientation was stated to underpin the study (e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis)?	Grounded theory was the methodological orientation. Researchers allowed content and themes to emerge from the data contained in the records.
10. Sampling	How were subjects selected?	All cases were persons involved in an assault while in the hospital during the study period.
11. Method of approach	How were subjects approached? (e.g., face-to-face, telephone, mail, email)	Not applicable – qualitative analysis was applied to preexisting medical records.
12. Sample size	How many subjects were in the study?	$n=184$ assault events
13. Nonparticipation	How many people refused to participate or dropped out? Reasons?	Not applicable – qualitative analysis was applied to preexisting medical records.
14. Setting of data collection	Where were the data collected?	Psychiatry emergency room and two inpatient psychiatry units
15. Presence of nonparticipants	Was anyone else present besides the subjects and researchers?	Not applicable – qualitative analysis was applied to preexisting medical records.
16. Description of sample	What are the important characteristics of the sample?	The sample is described in Results.
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Not applicable – qualitative analysis was applied to preexisting medical records.
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	Not applicable – qualitative analysis was applied to preexisting medical records.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Not applicable – qualitative analysis was applied to preexisting medical records.
20. Field notes	Were field notes made during and/or after the interview or focus group?	Not applicable – qualitative analysis was applied to preexisting medical records.
21. Duration	What was the duration of the interviews?	Not applicable – qualitative analysis was applied to preexisting medical records.
22. Data saturation	Was data saturation discussed?	See Methods.
23. Transcripts returned	Were transcripts returned to subjects for comment or correction?	Not applicable – qualitative analysis was applied to preexisting medical records.
24. Number of data coders	How many data coders coded the data?	Ryan Lawrence and Stephanie Rolin coded the data separately and discussed discrepancies until consensus was reached.
25. Description of the coding tree	Did authors provide a description of the coding tree?	Codes are described in detail in Table S3, and a summary is provided in Results.

(Continued)

Lawrence, Rolin, Looney, *et al.*

Table S2 Continued

Item	Guide Questions or Descriptions	Comment
26. Derivation of themes	Were themes identified in advance or derived from the data?	Themes were not identified in advance but were derived from the data.
27. Software	What software was used to manage the data?	Microsoft Word
28. Subject checking	Did subjects provide feedback on the findings?	The study design did not allow subjects to provide feedback on the findings because this was a chart review for patients who had since been discharged and were no longer in treatment at the hospital.
29. Quotations presented	Were subject quotations presented to illustrate the themes/findings? Was each quotation identified (e.g., by subject number)?	This was not an interview study, so quotations were not applicable. Rather, paradigmatic examples were provided for each code.
30. Data and findings consistent	Was there consistency between the data presented and the findings?	See Results and Discussion.
31. Clarity of major themes	Were major themes clearly presented in the findings?	See Results and Discussion.
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	See Results and Discussion.

[a] This checklist is modified in places to make it appropriate for this study's methodology.

Tong A, Sainsbury P, Craig J: Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Intl J Quality Health Care 19:349–357, 2007.

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Table S3 Codes for Qualitative Themes Associated with Assault Incident Report

Variable Name	Description	Paradigmatic Examples	First Incident with This Code[a]
Admission/discharge dispute	The patient disagrees with the clinical decision to admit or discharge the patient. This includes events related to court (for retention or treatment over objection).	The patient wants immediate discharge.	#18
Needs are not being met	The patient feels that staff are not addressing a need quickly enough or are unwilling/unable to provide what the patient is requesting.	Patient demands opioids for pain.	#1
Dislike of unit rules or structure	The patient is upset about a rule or structure on the unit. This includes times when staff redirect the patient and the patient escalates.	Patient is asked not to stand next to a door.	#1
Dispute over limited resources	A patient wants to use a resource that another patient is using.	Two patients want to use the same computer at the same time.	#2
Dispute over personal space or property	A patient feels his/her personal space has been violated or his/her personal property has been taken.	A patient is in the wrong bed, a patient enters the wrong room, or roommates disagree on whether the door should be open or closed.	#6
Annoyed by behavior on the unit	One patient is annoyed by another patient's behavior.	A patient is talking loudly and constantly, which is bothering many on the floor and ultimately triggers an assault.	#21
Food	The assault was triggered by an event related to food	Staff threw away food a patient was intending to eat.	#7
Taunting	Patients engage in verbally provocative statements that are not a direct challenge to fight (e.g., teasing, swearing/cursing, or behaviors that are experienced as insulting or provocative).	One patient calls another patient a derogatory name.	#1
Direct challenge to fight	A verbal or physical exchange where there is a direct challenge to fight.	One patient challenges another patient to fight.	#21
Bodily integrity	The patient believed another person or staff member was about to inflict harm. This includes self-defense and assaults that happen during intramuscular injections or restraint episodes.	Patient thinks he/she is about to be attacked.	#100
Defending others	The patient acted in an effort to protect someone else from a perceived threat.	Patient thinks someone else is about to be attacked.	#15
Perceptual disturbance	Notes describe internal preoccupation, auditory hallucinations, or visual hallucinations that are directly connected with assaultive behavior.	Command auditory hallucinations to hurt others.	#7
Paranoia	This code is reserved for times when the chart specifically mentions paranoia and the paranoia is directly connected to the assaultive behavior. This includes events where the person believes someone is talking about him/her or does not like how someone looks at him/her.	Patient complains that a person is talking about him/her and then assaults that person.	#3
Disorganization	The assault seems unexpected, unpredictable, or random despite adequate documentation. Psychosis, delirium, intoxication, or developmental delay might contribute to disorganization.	Assault is unprovoked and accompanied by other nonsensical behavior.	#7
Retaliation	The assault was payback for something that happened earlier.	Assault is a response to an argument that started the previous day.	#2
Sexuality	The patient engaged in or witnessed sexually themed behaviors.	Patient feels a romantic connection with a staff member and touches the staff member inappropriately or targets a perceived rival.	#4

(Continued)

Lawrence, Rolin, Looney, *et al.*

Table S3 Continued

Variable Name	Description	Paradigmatic Examples	First Incident with This Code[a]
Family involvement	A recent, current, or future family meeting or visit is part of the trigger. This includes patients with intellectual disability who are asking for a family member.	Assault happens after a family visit.	#1
Phenomenological escalation	Play fighting becomes actual fighting.	Patients are shadow-boxing, then start real boxing.	#11
Accidental assault	The assault is accidental or the assailant is targeting person #1, but person #2 is the actual victim.	Person is flailing arms without targeting anybody in particular, or staff are keeping two patients apart but a staff member gets pushed.	#105
No identifiable narrative	No narrative is identifiable because documentation is too brief or staff did not report any narrative.	Patient is not described as disorganized, but no clear narrative is mentioned.	#5

[a] The first 20 incidents were numbered #1–22; there are missing incident numbers because some reports were consolidated if they referred to a single incident, and a few incident reports were excluded if they were out of scope. Ninety percent of the codes appeared in the first 20 incidents. There were a total of 184 incidents.

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Table S4   Patient Characteristics

Variable Name	Description	Original Categories	Final Categories
Sex	Sex	Male Female Other (included transgender, gender queer, and gender nonbinary patients, $n=5$)	Male Female (Other was recoded as male or female based on the person's self-identified sex or preferred pronouns.)
Age	Age in years	Number	Number
Homeless	Is the person homeless at the time of presentation?	Stable housing Street homeless Shelter resident Unclear housing	Housed: stable housing Homeless: street homeless, shelter resident, unclear housing
Employment	Is the person employed?	Yes (includes off-the-books employment and students) No Unknown	Employed Unemployed (Unknown was coded as missing.)
Prior arrest	Does the chart indicate prior arrests?	Yes (includes any incarceration history) No Unknown	Yes No (Unknown was coded as missing.)
State hospitalization	Has the person been hospitalized at a long-term state psychiatric hospital?	Yes No Unknown	Yes No (Unknown was coded as missing.)
Assertive Community Treatment (ACT) team	Does the person have an ACT team at the time of presentation?	Yes No Unknown	Yes No (Unknown was coded as missing.)
Assisted Outpatient Treatment (AOT) order	Does the person have an AOT order at the time of presentation?	Yes No Unknown	Yes No (Unknown was coded as missing.)
Prior hospitalization	How many prior psychiatric hospitalizations were reported?	0 1 2+ Unknown	0–1 2+ (Unknown was coded as missing.)
Violence history	Is there a history of violence?	Yes No Unknown	Yes No (Unknown was coded as missing.)
Thoughts to harm self	Did the presentation include thoughts of hurting self?	Yes (includes suicide ideation, suicide attempts, non-suicidal self-harm, and intentional overdoses) No Other Unknown	Yes No (Other and unknown were coded as missing.)
Thoughts to harm others	Did the presentation include thoughts of hurting others?	Yes (includes persons who were brought to the hospital due to aggressive behaviors) No Unknown	Yes No (Unknown was coded as missing.)
Recent alcohol use	Alcohol use within 2 weeks of presentation, or blood alcohol level > 10	Yes No	Yes No
Recent marijuana use	Marijuana use within 2 weeks of presentation, or positive urine toxicology	Yes No	Yes No

(Continued)

Lawrence, Rolin, Looney, et al.

Table S4 Continued

Variable Name	Description	Original Categories	Final Categories
Recent synthetic cannabinoid use	Synthetic cannabinoid (e.g., K2) use within 2 weeks of presentation	Yes No	Yes No
Recent cocaine use	Cocaine use within 2 weeks of presentation, or positive urine toxicology	Yes No	Yes No
Recent amphetamine use	Recent (within 2 weeks of presentation) use of crystal methamphetamine, mixed amphetamine salt (e.g., Adderall), or positive urine toxicology	Yes No	Yes No
Recent PCP use	PCP (i.e., angeldust) use within 2 weeks of presentation, or positive urine toxicology	Yes No	Yes No
Recent opiate use	Any opiate use within 2 weeks of presentation, or positive urine toxicology	Yes No	Yes No
Recent other drug use[a]	Other drug use within 2 weeks of presentation (includes MDMA/ecstasy, Zolpidem, GHB, and unspecified intravenous drug use)	Yes No	Yes No
Any recent drug use	Composite variable separating persons who used any substance within 2 weeks of presentation from non-users	Recent alcohol (yes/no) Recent marijuana (yes/no) Recent synthetic cannabinoid (yes/no) Recent cocaine (yes/no) Recent amphetamines (yes/no) Recent PCP (yes/no) Recent opiates (yes/no) Recent other drug (yes/no)	Yes No
Schizophrenia, schizoaffective, or bipolar disorder	Composite variable describing persons with schizophrenia, schizoaffective disorder, or bipolar disorder	Schizophrenia (yes/no) Schizoaffective manic (yes/no) Schizoaffective mixed (yes/no) Schizoaffective depressed (yes/no) Schizoaffective unspecified (yes/no) Bipolar manic (yes/no) Bipolar mixed (yes/no) Bipolar depressed (yes/no) Bipolar unspecified (yes/no)	None Schizophrenia, schizoaffective, or bipolar – not manic Schizophrenia, schizoaffective, or bipolar – manic
Unipolar depression	Unipolar depression	Yes No	Yes No
Dementia	Dementia	Yes No	Yes No
Intellectual disability	Intellectual disability	Yes No	Yes No
Traumatic brain injury	History of traumatic brain injury	Yes No	Yes No
Borderline personality disorder traits or diagnosis	Borderline personality disorder traits or diagnosis	Yes No	Yes No
Antisocial personality disorder traits or diagnosis	Antisocial traits or diagnosis	Yes No	Yes No
Unspecified personality disorder traits or diagnosis	Unspecified personality disorder traits or diagnosis	Yes No	Yes No

(Continued)

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Table S4 Continued

Variable Name	Description	Original Categories	Final Categories
Any personality disorder traits or diagnosis	Composite variable including all persons with borderline, antisocial, or unspecified personality disorder traits or diagnosis	Borderline (yes/no) Antisocial (yes/no) Unspecified personality disorder (yes/no)	Yes No
Posttraumatic stress disorder	Diagnosis of posttraumatic stress disorder	Yes No	Yes No

[a] Benzodiazepines were not included because it was difficult to separate persons who used benzodiazepines in the two weeks prior to the hospitalization as outpatients versus persons who had received benzodiazepines during the current hospital course or a recent prior hospital or emergency room course.

RESULTS

Table S5 Bivariate Analysis Comparing Incidents in the Psychiatry Emergency Room to Incidents on Inpatient Units

Variable	Psych ER	Inpatient	Test	Statistic	P	Degrees of Freedom
Involved parties			Chi square	1.3975	.706	3
Patient to patient	16 (26.67)	43 (34.68)				
Patient to staff	42 (70.00)	78 (62.90)				
Patient to visitor	1 (1.67)	2 (1.61)				
Patient to patient and visitor	1 (1.67)	1 (0.81)				
Assault severity–all						
MOAS 0	0 (0)	0 (0)				
MOAS 1	2 (3.33)	1 (0.81)				
MOAS 2	34 (56.67)	83 (66.94)				
MOAS 3	24 (40.00)	40 (32.26)				
MOAS 4	0 (0)	0 (0)				
Assault severity–combined			Chi square	1.0684	.301	1
MOAS 1–2	36 (60.00)	84 (67.74)				
MOAS 3	24 (40.00)	40 (32.26)				
Time of Day-Psych ER			Chi square[a]	2.9092	.406	3
Midnight–6 a.m.	8 (13.33)	—				
6 a.m.–noon	16 (26.67)	—				
Noon–6 p.m.	20 (33.33)	—				
6 p.m.–midnight	16 (26.7)	—				
Time of Day-Inpatient			Chi square[a]	13.7354	.003	3
Midnight–6 a.m.	—	10 (8.06)				
6 a.m.–noon	—	38 (30.65)				
Noon–6 p.m.	—	44 (35.48)				
6 p.m.–midnight	—	32 (25.81)				
Weekday-Psych ER			Chi square[a]	.81928	.992	6
Sunday	8 (13.33)	—				
Monday	12 (20.00)	—				
Tuesday	9 (15.00)	—				
Wednesday	8 (13.33)	—				
Thursday	8 (13.33)	—				
Friday	8 (13.33)	—				
Saturday	7 (11.67)	—				
Weekday-Inpatient			Chi square[a]	2.0299	.917	6
Sunday	—	20 (16.13)				
Monday	—	12 (9.68)				
Tuesday	—	15 (12.10)				
Wednesday	—	17 (13.71)				
Thursday	—	19 (15.32)				
Friday	—	19 (15.32)				
Saturday	—	22 (17.74)				
Means-punch			Chi square	1.0591	.303	1
No	31 (51.67)	74 (59.68)				
Yes	29 (48.33)	50 (40.32)				
Means-slap			Chi square	.3382	.561	1
No	57 (95.00)	115 (92.74)				
Yes	3 (5.00)	9 (7.26)				
Means - grab			Chi square	3.1920	.074	1
No	52 (86.67)	117 (94.35)				
Yes	8 (13.33)	7 (5.65)				
Means-hair pull			Chi square	.1077	.743	1
No	59 (98.33)	121 (97.58)				
Yes	1 (1.67)	3 (2.42)				
Means-scratch			Chi square	.0031	.956	1
No	56 (93.33)	116 (93.55)				
Yes	4 (6.67)	8 (6.45)				
		(Continued)				

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Table S5 Continued

Variable	Psych ER	Inpatient	Test	Statistic	P	Degrees of Freedom
Means-kick			Chi square	2.4305	.119	1
No	50 (83.33)	113 (91.13)				
Yes	10 (16.67)	11 (8.87)				
Means-push			Chi square	2.2255	.136	1
No	54 (90.00)	101 (81.45)				
Yes	6 (10.00)	23 (18.55)				
Means-spit			Chi square	.0665	.796	1
No	55 (91.67)	115 (92.74)				
Yes	5 (8.33)	9 (7.26)				
Means-bite			Chi square	1.7548	.185	1
No	57 (95.00)	122 (98.39)				
Yes	3 (5.00)	2 (1.61)				
Means - projectile			Chi square	1.4132	.235	1
No	55 (91.67)	106 (85.48)				
Yes	5 (8.33)	18 (14.52)				
Means-tackle			Chi square	.2783	.598	1
No	59 (98.33)	123 (99.19)				
Yes	1 (1.67)	1 (0.81)				
Means-charge/lunge			Chi square	1.4687	.226	1
No	53 (88.33)	116 (93.55)				
Yes	7 (11.67)	8 (6.45)				
Means-sexual misconduct			Chi square	5.2528	.022	1
No	56 (93.33)	123 (99.19)				
Yes	4 (6.67)	1 (0.81)				
Means-other			Chi square	.5911	.442	1
No	55 (91.67)	109 (87.90)				
Yes	5 (8.33)	15 (12.10)				
Means-unspecified			Chi square	.3581	.550	1
No	53 (88.33)	113 (91.13)				
Yes	7 (11.67)	11 (8.87)				
Victim-patient			Chi square	.9329	.334	1
No	43 (71.67)	80 (64.52)				
Yes	17 (28.33)	44 (35.48)				
Victim-security officer			Chi square	10.5195	.001	1
No	33 (55.00)	97 (78.23)				
Yes	27 (45.00)	27 (21.77)				
Victim-doctor			Chi square	2.5620	.109	1
No	54 (90.00)	119 (95.97)				
Yes	6 (10.00)	5 (4.03)				
Victim-medical student						
No	60 (100)	124 (100)				
Victim-physician's assistant or nurse practitioner						
No	60 (100)	124 (100)				
Victim-nurse			Chi square	.0076	.931	1
No	51 (85.00)	106 (85.48)				
Yes	9 (15.00)	18 (14.52)				
Victim-mental health worker			Chi square	12.0020	.001	1
No	57 (95.00)	91 (73.39)				
Yes	3 (5.00)	33 (26.61)				
Victim-other			Chi square	.4793	.489	1
No	55 (91.67)	117 (94.35)				
Yes	5 (8.33)	7 (5.65)				
Intervention-IM antipsychotic			Chi square	.0213	.884	1
No	20 (33.33)	40 (32.26)				
Yes	40 (66.67)	84 (67.74)				
Intervention-IM benzodiazepine			Chi square	.0019	.966	1
No	39 (65.00)	81 (65.32)				
Yes	21 (35.00)	43 (34.68)				

(Continued)

Lawrence, Rolin, Looney, et al.

Table S5 Continued

Variable	Psych ER	Inpatient	Test	Statistic	P	Degrees of Freedom
Intervention-PO antipsychotic			Chi square	.0578	.810	1
No	45 (75.00)	95 (76.61)				
Yes	15 (25.00)	29 (23.39)				
Intervention-PO benzodiazepine			Chi square	1.2051	.272	1
No	48 (80.00)	107 (86.29)				
Yes	12 (20.00)	17 (13.71)				
Intervention-security involvement			Chi square	2.7198	.099	1
No	5 (8.33)	21 (17.50)				
Yes	55 (91.97)	99 (82.50)				
Intervention-manual hold			Chi square	6.7777	.009	1
No	33 (55.98)	93 (75.00)				
Yes	26 (44.07)	31 (25.00)				
Intervention-mechanical restraint			Chi square	1.8764	.171	1
No	50 (83.33)	112 (90.32)				
Yes	10 (16.67)	12 (9.68)				
Intervention-seclusion			Chi square	2.4869	.115	1
No	60 (100)	119 (95.97)				
Yes	0 (0)	5 (4.03)				

Data are presented as n (%). Psych ER: $n = 60$ incidents; Inpatient: $n = 124$ incidents.
[a] Null hypothesis was that assaults were equally distributed across all time periods.
Psych ER, psychiatry emergency room; MOAS, Modified Overt Aggression Scale; IM, intramuscular; PO, *per os* (oral).

Physical Assault in Psychiatry Emergency Room - Supplemental Material

Table S6   All Demographic and Clinical Characteristics of Subjects

	Psychiatry Emergency Room Subjects with Incident Reports ($n=55$)	Inpatients with Incident Reports ($n=100$)	Psychiatry Emergency Room Subjects with No Incident Reports ($n=110$)	Test Statistic (degrees of freedom), overall P	Psychiatry Emergency Room Subjects with Incident Reports versus Inpatients with Incident Reports: Test Statistic (degrees of freedom), P	Psychiatry Emergency Room Subjects with Incident Reports versus Psychiatry Emergency Room Subjects with No Incident Reports: Test Statistic (degrees of freedom), P
Age, y	37.5 (14.3)	33.2 (12.5)	41.4 (15.1)	$F (2,262) = 6.38^a$ $P = 0.0020$	$t (153) = 1.88^b$ $P = 0.062$	$t (163) = 3.51^b$ $P = 0.0006$
Male gender	38 (69.1)	65 (65.0)	69 (62.7)	$\chi^2 (2) = 0.65^c$ $P = 0.72$		
Homeless	19 (34.6)	36 (36.0)	33 (30.0)	$\chi^2 (2) = 0.91^c$ $P = 0.64$		
Employed	9 (17.0)	12 (12.0)	30 (28.9)	$\chi^2 (2) = 9.44^c$ $P = 0.009$	$\chi^2 (1) = 0.73^c$ $P = 0.39$	$\chi^2 (1) = 2.65^c$ $P = 0.104$
Prior arrests	31 (58.5)	59 (60.2)	46 (43.0)	$\chi^2 (2) = 6.97^c$ $P = 0.031$	$\chi^2 (1) = 0.042^c$ $P = 0.84$	$\chi^2 (1) = 3.41^c$ $P = 0.065$
Prior state hospitalization	7 (12.7)	7 (7.1)	5 (4.6)	$\chi^2 (2) = 3.62^c$ $P = 0.16$		
Current ACT team	6 (11.1)	8 (8.0)	4 (3.6)	$\chi^2 (2) = 3.54^c$ $P = 0.17$		
Current AOT order	6 (11.1)	5 (5.1)	2 (1.8)	$\chi^2 (2) = 6.59^c$ $P = 0.037$	$\chi^2 (1) = 1.92^c$ $P = 0.17$	$\chi^2 (1) = 6.66^c$ $P = 0.010$
Prior hospitalizations				$\chi^2 (2) = 5.85^c$ $P = 0.054$		
0 to 1	9 (16.4)	20 (20.2)	34 (31.5)			
2 or more	46 (83.6)	79 (79)	74 (68.5)			
History of violence	38 (70.4)	63 (65.6)	41 (39.8)	$\chi^2 (2) = 19.11^c$ $P < 0.001$	$\chi^2 (1) = 0.35^c$ $P = 0.56$	$\chi^2 (1) = 13.24^c$ $P < 0.001$
Presented with thoughts to harm self	25 (45.5)	44 (44.9)	58 (52.7)	$\chi^2 (2) = 1.50^c$ $P = 0.47$		
Presented with thoughts to harm others	27 (49.1)	50 (50.5)	14 (12.7)	$\chi^2 (2) = 39.50^c$ $P < 0.001$	$\chi^2 (1) = 0.028^c$ $P = 0.87$	$\chi^2 (1) = 25.96^c$ $P < 0.001$
Recent alcohol use	15 (27.3)	28 (28.0)	25 (22.7)	$\chi^2 (2) = 0.86^c$ $P = 0.65$		
Recent cannabinoid use	25 (45.5)	39 (39.0)	29 (26.4)	$\chi^2 (2) = 6.94^c$ $P = 0.031$	$\chi^2 (2) = 0.61^c$ $P = 0.44$	$\chi^2 (2) = 6.07^c$ $P = 0.014$
Recent cocaine use	14 (25.5)	14 (14.0)	33 (30.0)	$\chi^2 (2) = 7.80c$ $P = 0.020$	$\chi^2 (2) = 3.15^c$ $P = 0.076$	$\chi^2 (2) = 0.37^c$ $P = 0.54$
Recent amphetamine use	3 (5.5)	4 (4.0)	4 (3.6)	$\chi^2 (2) = 0.31^c$ $P = 0.86$		
Recent PCP use	1 (1.8)	5 (5.0)	5 (4.6)	$\chi^2 (2) = 0.98^c$ $P = 0.61$		
Recent opioid use	4 (7.3)	9 (9.0)	9 (8.2)	$\chi^2 (2) = 0.14^c$ $P = 0.93$		
Other recent drug use	2 (3.6)	4 (4.0)	2 (1.8)	$\chi^2 (2) = 0.94^c$ $P = 0.62$		
Any recent drug use	34 (61.8)	55 (55.0)	64 (58.2)	$\chi^2 (2) = 0.69^c$ $P = 0.71$		
Schizophrenia, schizoaffective, or bipolar disorder				$\chi^2 (4) = 38.09^c$ $P < 0.001$	$\chi^2 (2) = 1.50^c$ $P = 0.47$	$\chi^2 (2) = 31.62^c$ $P < 0.001$
None	6 (10.9)	14 (14.0)	37 (33.6)			
Yes, without manic symptoms	22 (40.0)	47 (47.0)	61 (55.5)			
Yes, with manic symptoms	27 (49.1)	39 (39.0)	12 (10.9)			

(Continued)

Lawrence, Rolin, Looney, et al.

Table S6 Continued

	Psychiatry Emergency Room Subjects with Incident Reports ($n = 55$)	Inpatients with Incident Reports ($n = 100$)	Psychiatry Emergency Room Subjects with No Incident Reports ($n = 110$)	Test Statistic (degrees of freedom), overall P	Psychiatry Emergency Room Subjects with Incident Reports versus Inpatients with Incident Reports: Test Statistic (degrees of freedom), P	Psychiatry Emergency Room Subjects with Incident Reports versus Psychiatry Emergency Room Subjects with No Incident Reports: Test Statistic (degrees of freedom), P
Unipolar depression	1 (1.8)	6 (6.0)	17 (15.5)	$\chi^2 (2) = 10.10^c$ $P = 0.006$	$\chi^2 (2) = 1.44^c$ $P = 0.23$	$\chi^2 (2) = 7.02^c$ $P = 0.008$
Posttraumatic stress disorder	3 (5.5)	10 (10.0)	12 (10.9)	$\chi^2 (2) = 1.34^c$ $P = 0.51$		
Dementia	0 (0)	4 (4.0)	2 (1.8)	$\chi^2 (2) = 2.73^c$ $P = 0.26$		
Intellectual disability	5 (9.1)	11 (11.0)	1 (0.9)	$\chi^2 (2) = 9.71^c$ $P = 0.008$	$\chi^2 (2) = 0.14^c$ $P = 0.71$	$\chi^2 (2) = 7.00^c$ $P = 0.008$
Borderline personality disorder or traits	2 (3.6)	7 (7.0)	3 (2.7)	$\chi^2 (2) = 2.34^c$ $P = 0.31$		
Antisocial personality disorder or traits	7 (12.7)	3 (3.0)	5 (4.6)	$\chi^2 (2) = 6.73^c$ $P = 0.035$	$\chi^2 (2) = 5.56^c$ $P = 0.018$	$\chi^2 (2) = 3.64^c$ $P = 0.056$
Unspecified personality disorder or traits	1 (1.8)	7 (7.0)	4 (3.6)	$\chi^2 (2) = 2.55^c$ $P = 0.28$		
Any borderline, antisocial, or unspecified personality traits or disorder	8 (14.6)	16 (16.0)	11 (10.0)	$\chi^2 (2) = 1.751^c$ $P = 0.42$		
Prior traumatic brain injury	3 (5.5)	5 (5.0)	3 (2.7)	$\chi^2 (2) = 0.98^c$ $P = 0.61$		

Data are presented as n (%) or mean $\pm$ SD. Subjects include psychiatry emergency room patients with incident reports, inpatients with incident reports, and psychiatry emergency room patients with no incident reports. Note that Table 2 in the article reports only variables with statistically significant differences across groups.

[a] Analysis of variance for parametric continuous variables.

[b] Post hoc analyses without adjustment.

[c] Chi-square test for categorical variables.

ACT, assertive community treatment; AOT, assisted outpatient treatment.