Treatment History of Youth At-Risk for Serious Mental Illness

Supplementary Table 1. Sources of recruitment into the PROCAN study

Recruitment Source	Healthy Controls (n=42)	Stage 0 (n=41)	Stage 1a (n=52)	Stage 1b (n=108)	Overall (n=243)
Triage services for mental health*	0.4%	0.4%	3.7%	14.4%	18.9%
Emergency/urgent care	0	0	0	1.2%	1.2%
Physicians	0.4%	0.8%	0.4%	2.5%	4.1%
School-based counselling services	0	0	0	2%	2%
Health centers	0.8%	0.4%	0	0.8%	2%
Specialized mental health services	0	0	1.2%	5.4%	6.6%
Self/family referrals**	15.7%	15.3%	16.1%	18.1%	65.2%

^{*}A health care triage service that receives referrals from a wide range of other services requesting help for mental health issues.

^{**}self and family referrals were individuals who had seen an advert or poster or heard about our research from someone else.

Supplementary Table 2. Clinical staging model for mental illness

Stage	Definition
0	No clinical symptoms Increased risk of disorder due to family history
1a	 Distress disorder No attenuated psychotic symptoms Non-specific symptoms of anxiety or depression Mild to moderate severity of symptoms May include subjective/objective evidence of mild cognitive deficits. Evidence of only recent or mild impacts of illness on social, educational or occupational function
1b	 Attenuated syndromes Distress disorder plus at least one moderate-severe attenuated psychotic symptom (unusual thoughts, suspiciousness, perceptual abnormalities, grandiosity, disorganization) Specific symptoms of anxiety or depression, brief hypomania or brief psychotic phenomena May include subjective/objective evidence of at least moderate cognitive change Moderate to severe impact of illness on social, education or employment functioning
2-4	 Stages not relevant to this project Discrete episodes of psychosis, mania or severe depression Incomplete remission to multiple relapses Unremitting course of illness