**Supplementary Table 1.** Comparisons of demographic and clinical variables at entry to care between those with full-threshold bipolar diagnoses, full-threshold psychotic disorder diagnoses or neither of these conditions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Full-threshold Bipolar Disorder | Full-threshold Psychotic Disorder | No Full-threshold psychotic or bipolar disorder | ANOVA/χ2 | Significant pairwise comparisons |
|  | N | 90 | 119 | 2692 |  |  |
| Demographics | Age | 21.1 ± 3.3 | 22.4 ± 3.8 | 18.5 ± 3.7 | F(2,2898) = 82.29, p<.001 | None < Bip < Psy |
| Sex (male) | 32 (35.6%) | 82 (68.9%) | 1080 (40.1%) | χ2=40.2, p <.001 | None, Bip < Psy |
| Functioning | SOFAS | 60.9 ± 9.2 | 54.8 ± 9.4 | 62.6 ± 9.2 | F(2,2866) = 40.98, p<.001 | Psy < None, Bip |
| Clinical Presentation | Mania-like experiences | 90 (100%) | 24 (20.2%) | 356 (13.2%) | χ2= 484.5, p<.001 | None < Psy < Bip |
| Psychosis-like experiences | 40 (44.4%) | 119 (100%) | 464 (17.2%) | χ2= 492.0, p<.001 | None < Bip < Psy |
| Circadian disturbance | 38 (42.2%) | 10 (8.4%) | 371 (13.8%) | χ2= 60.7 p<.001 | None, Psy < Bip |
| Depressive syndrome | 90 (100%) | 37 (31.1%) | 2034 (75.6%) | χ2= 132.3, p<001 | Psy < None < Bip |
| Anxious syndrome | 31 (34.4%) | 32 (26.9%) | 1658 (61.6%) | χ2= 80.7, p<.001 | Bip, Psy < None |
| Obsessive-compulsive syndrome | 3 (3.3%) | 2 (1.7%) | 143 (5.3%) | χ2=3.7, p=.16 |  |
| Trauma-related syndrome | 7 (7.8%) | 0 (0%) | 236 (8.8%) | χ2=11.5, p = .003 | Psy < None, Bip |
| Eating disorder syndrome | 3 (3.3%) | 1 (0.8%) | 141 (5.2%) | χ2=5.2, p=.07 |  |
| Personality disorder syndrome | 6 (6.7%) | 2 (1.7%) | 90 (3.3%) | χ2=4.0, p=.13 |  |
| Alcohol or substance misuse syndrome | 11 (12.2%) | 20 (16.8%) | 251 (9.3%) | χ2=7.9, p=.02 | None < Psy |
| Self-harm and Suicidal Behaviours | Deliberate self-harm | 36 (40.0%) | 15 (12.6%) | 1026 (38.1%) | χ2=32.1, p<.001 | Psy < None, Bip |
| Suicide attempt | 25 (27.8%) | 10 (8.4%) | 373 (13.9%) | χ2=17.3, p<.001 | None, Psy < Bip |
| Alcohol and Substance Use | Tobacco use | 40 (44.4%) | 64 (53.8%) | 990 (36.8%) | χ2=15.8, p<.001 | None < Psy |
| Alcohol use | 68 (75.6%) | 83 (69.8%) | 1653 (61.4%) | χ2=10.4, p=.005 | None < Bip |
| Cannabis use | 40 (44.4%) | 72 (60.5%) | 1014 (37.7%) | χ2=26.3, p<.001 | None, Bip < Psy |
| Stimulant use | 23 (25.6%) | 47 (39.5%) | 524 (19.5%) | χ2=29.5, p<.001 | None < Psy |
| Physical Health Comorbidity | Physical Illness | 18 (20.0%) | 18 (15.1%) | 425 (15.8%) | χ2=1.2, p=.55 |  |
| Childhood-onset Syndromes | Neurodevelopmental syndrome | 10 (11.1%) | 14 (11.8%) | 435 (16.2%) | χ2=3.2, p=.20 |  |
| Disruptive, impulse control, or conduct syndrome | 0 (0%) | 3 (2.5%) | 208 (7.7%) | χ2=11.9, p=.003 | Bip < None |
| Childhood-onset depressive syndrome | 3 (3.3%) | 0 (0%) | 39 (1.5%) | χ2=4.30, p=.14 |  |
| Childhood-onset anxious syndrome | 0 (0%) | 1 (0.8%) | 68 (2.5%) | χ2=3.7, p=.16 |  |
| Family History of Mental Illness | Family history of Bipolar | 14 (15.6%) | 5 (4.2%) | 206 (7.7%) | χ2=9.8, p=.007 | None, Psy < Bip |
| Family history of Psychosis | 7 (7.8%) | 14 (11.8%) | 113 (4.2%) | χ2=16.9, p<.001 | None < Psy |
| Family history of Depression | 31 (34.4%) | 19 (16.0%) | 833 (30.9%) | χ2=12.8, p=.002 | Psy < None, Bip |
| Family history of Alcohol or Substance Misuse disorder | 13 (14.4%) | 13 (10.9%) | 343 (12.7%) | χ2=0.6, p=.75 |  |

ANOVA pairwise comparisons are Bonferroni adjusted. Table reports mean ± standard deviation or counts (percentage). SOFAS: Social and Occupational Functioning Assessment Scale

**Supplementary text 1:** Further information about the variables used in this study.

This information is as reported in Carpenter, J.S., et al., *Cohort profile: the Brain and Mind Centre Optymise cohort: tracking multidimensional outcomes in young people presenting for mental healthcare.* BMJ Open, 2020. **10**(3): p. e030985

Current psychiatric presentation

Mental disorder diagnosis is determined solely by the symptomology &/or diagnosis reported and recorded by the treating clinician/s as presented in the clinical notes of each study participant. Based on the information provided within these clinical notes, researchers determined whether DSM-5 criteria were met for a specific disorder at that time point. If symptomology recorded in the clinical notes indicated only some, but not all criteria being met for a specific disorder, then a sub-threshold classification was recorded. If symptomology indicated full DSM-5 criteria were met for that time point, then a full-threshold classification was recorded.

At-risk mental states

Clusters of symptoms that have been previously indicated as risk factors for progression to more severe mental disorders(Addington *et al.*, 2001, Alvaro *et al.*, 2013, Faedda *et al.*, 2015, Hauser and Correll, 2013, Kelleher and Cannon, 2011, Kelleher *et al.*, 2012) are recorded in all individuals regardless of diagnosis. This includes psychotic-like experiences (the presence of any psychotic symptoms including: perceptual abnormalities, bizarre ideas, disorganised speech, psychotic-like unusual language or thought content, or psychotic-like disruptive or aggressive behaviour), manic-like experiences (the presence of any manic/hypomanic symptoms including: abnormally elevated mood or irritability; increased motor activity, speech, or sexual interest; manic-like disruptive or aggressive behaviour; manic-like unusual language or thought content; increased goal directed behaviour; or decreased need for sleep), and circadian disturbance (the presence of significant disruption in sleep-wake or circadian cycles including the presence of a severe sleep-wake disorder or chronic fatigue). The distinction between psychotic-like and manic-like symptoms is judged within the context of the clinical notes.

Self-harm and suicidal behaviours

A suicide attempt is recorded when a young person has actually taken steps to take their own life. If an individual harms themselves via cutting, hitting themselves, burning themselves, or scratching with the intention to self-harm only and not to take their life, then this is included as self-harm and not a suicide attempt.

Physical Health Comorbidities

Any major physical illness is recorded.

Alcohol or substance use

The presence of any reported lifetime use of tobacco, alcohol, cannabis, stimulants, or other drugs is recorded.

Childhood-onset syndromes

This includes any current psychiatric presentation (sub- and full-threshold disorders) with typical onset in childhood as included in the DSM-5 categories: Neurodevelopmental disorders, and Disruptive, Impulse control, or Conduct disorders.nIn addition known childhood-onset anxiety or depressive disorders (i.e. with clear onset prior to 12 years old) are recorded.

Family history of mental illness in first degree relatives.

Any known family history of mental illness in first degree relatives is recorded.