**Supplementary material**

**Outcomes of a psycho-education and monitoring programme to prevent compulsory admission to psychiatric inpatient care: a randomised controlled trial**

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***Comparison of patients who completed the programme to those who dropped out***

During the 24-month programme we lost more patients in the intervention group (44; 37.0%) than in the TAU group (26; 21.8% of the baseline sample). Premature termination of participation happened particularly at the very beginning of the study: e.g., 21 patients assigned to the intervention group already dropped out during baseline assessment, before the intervention started. The majority of patients who did not remain in the study up to t2, dropped out already during the first three months (Figure S1).



1.0

0.8

0.6

0.4

0.2

0.0

 0 365 730

 **Time in days**

**Treatment group**

Intervention

TAU

Intervention-censored

TAU-censored

**Treatment group**

Intervention

TAU

Intervention-censored

TAU-censored

**Cum. Survival**

**Supplementary Figure S1.** *Survival functions for treatment groups*

To further analyse the potential bias due to dropout, we compared baseline characteristics of participants who completed the programme to those of dropouts. Results suggest that, at the bivariate level, risk of dropout is associated with treatment group, socio-demographic factors (age, nationality, living situation, occupational status) and length of illness, whereas other variables of the psychiatric patient’s history and type of disorder were not found to be significantly associated with dropout risk (Table S1).

Using these baseline variables simultaneously in a model, the Cox regression identified four significant predictors. According to this regression model, the risk to leave the study prematurely was significantly increased in patients participating in the intervention group, and higher in patients at a younger age, of foreign nationality and with a high number of compulsory psychiatric admission in the past.

**Supplementary Table S1.** *Predictors of dropout during 24 months of preventive monitoring (Cox regression analyses)*

|  |  |  |
| --- | --- | --- |
|  | **Single covariates** | **ModelForward selected covariates** |
| **Predictor variable (baseline data)** |  | ***HR*** | ***95% CI*** | ***P value*** |  | ***HR*** | ***95% CI*** | ***P value*** |
| Intervention (vs. TAU) |  | 1.90 | (1.17 – 3.08) | .010 |  | 2.16 | (1.31 – 3.56) | .003 |
| Agea |  | 0.63 | (0.51 – 0.77) | <.001 |  | 0.64 | (0.52 – 0.79) | <.001 |
| Foreign national (vs. Swiss) |  | 1.91 | (1.14 – 3.20) | .015 |  | 2.12 | (1.23 – 3.67) | .007 |
| Compulsory psychiatric admissions priorto interventionb  |  | 1.56 | (1.06 – 2.28) | .022 |  | 1.65 | (1.13 – 2.41) |  .009 |
| Length of illnessa |  | 0.75 | (0.61 – 0.93) | .010 |  |  |  |  |
| Living situation: Alone vs. |  |  |  | .017 |  |  |  |  |
| With child(ren) |  | 1.17 | (0.45 – 3.02) | .753 |  |  |  |  |
| With partner  |  | 0.69 | (0.33 – 1.46) | .331 |  |  |  |  |
| With others / unknown |  | 1.96 | (1.16 – 3.30) | .012 |  |  |  |  |
| Occupation: Unemployed / homemaker vs. |  |  |  | .039 |  |  |  |  |
| Sheltered employment |  | 0.26 | (0.06 – 1.07) | .062 |  |  |  |  |
| Regular labor market |  | 0.54 | (0.28 – 1.03) | .061 |  |  |  |  |
| Sex: male (vs. female) |  | 1.17 | (0.73 – 1.87) | .510 |  |  |  |  |
| Compulsory admission: danger to others (vs. to self) |  | 1.01 | (0.60 – 1.70) | .965 |  |  |  |  |
| ICD-10 Diagnosis: Other diagnoses vs. |  |  |  | .292 |  |  |  |  |
| Psychotic disorders (F2; F30-31) |  | 0.81 | (0.48 – 1.38) | .440 |  |  |  |  |
| Personality disorders (F6) |  | 1.38 | (0.74 – 2.58) | .313 |  |  |  |  |

*Note.* HR = hazard rate; CI = confidence interval
TAU = Treatment as usual
a Age, length of illness in units of 10 years

b N of compulsory admissions log-transformed
Final model statistics: Global chi2 = 39.95; *df* = 4; *P* < 0.001