

Table S1

Main Linear Mixed-Effects Analyses of the Effect of Psychiatrists on Symptom Severity Measured with Positive And Negative Syndrome Scale (PANSS) Positive Subscale in First Episode Psychosis Patients

Model description ^a	AIC ^b	p-value	R ² _{marginal}	R ² _{marginal} for psychiatrist as predictor per model
Model 1. PANSS positive scale ~ time + psychiatrists	-3522.9	0.033*	0.092	0.091
Model 2. As model 1 + dose of antipsychotics	-3527.2	0.012*	0.100	0.090
Model 3. As model 2 + interaction of psychiatrists by dose of antipsychotics	-3521.2	0.046*	0.124	0.068
Model 4. As model 2 + type of antipsychotics	-3522.1	0.835	0.099	0.087
Model 5. As model 2 + baseline severity	-3729.7	<.001***	0.485	0.023
Model 6. As model 5 + frequency of psychiatrist visits ^c	-3727.8	0.786	0.485	0.023
Model 7. As model 5 + treatment site	-3723.8	0.997	0.484	0.001
Model 8. As model 5 + years of education	-3735.2	0.006**	0.493	0.025
Model 9. As model 8 + medication non-adherence ^d	-3734.7	0.218	0.494	0.024
Model 10. As model 8 + frequency of psychologist visits	-3738.7	0.019*	0.497	0.025
Model 11. As model 10 + frequency of nurse visits	-3613.9	0.902	0.496	0.025
Model 12. PANSS positive scale ~ time + gender of the patient	-3532.5	0.010*	0.025	NA
Model 13. As model 12 + gender of the psychiatrist	-3532.6	0.147	0.032	NA
Model 14. As model 13 + interaction between the gender of the patient and psychiatrist	-3531.4	0.361	0.034	NA
Model 15. PANSS positive scale ~ time + education of the psychiatrist ^e	-3525.9	0.941	0.001	NA

Note. A reciprocal transformation was applied to PANSS positive subscale scores to meet the normality and homogeneity assumptions.

^a Model comparison was performed by comparing the model including the last predictor, defined in the model definition, with the model excluding the last predictor.

^b AIC: Akaike information criterion.

^c The frequency by which patients had contact with their psychiatrist in the month before the study assessment.

^d Medication adherence was measured as the number of days the participant used less or no antipsychotic drugs while these had been prescribed, in the two weeks before the study assessment.

^e Whether or not the psychiatrist had obtained a PhD.

Table S2

Additional linear mixed-effects analyses of the effect of psychiatrists on daily functioning, measured with World Health Organization Disability Assessment Schedule (WHO-DAS) 2.0 total score in first episode psychosis patients

Model description ^a	AIC ^b	<i>p</i> -value	χ^2	R^2_{marginal}	R^2_{marginal} for psychiatrist as predictor per model
Model 1. WHO-DAS 2.0 total score ~ time + psychiatrists	2570.2	0.011**	33.011	0.118	0.101
Model 2. As model 1 + dose of antipsychotics	2544.5	<.001***	23.126	0.150	0.092
Model 3. As model 2 + interaction of psychiatrists by dose of antipsychotics	2538.0	<.001***	37.749	0.193	0.090
Model 4. As model 2 + type of antipsychotics	2541.6	0.031*	9.1324	0.162	0.085
Model 5. As model 4 + baseline severity	2424.8	<.001***	118.96	0.408	0.039
Model 6. As model 5 + frequency of psychiatrist visits ^c	2420.9	0.016*	5.5886	0.412	0.038
Model 7. As model 6 + treatment site	2416.7	0.016*	9.9846	0.423	0.014
Model 8. As model 7 + medication non-adherence ^d	2418.5	0.678	0.1724	0.422	0.014
Model 9. As model 7 + frequency of psychologist visits	2540.0	<.001***	24.225	0.442	0.013
Model 10. As model 9 + frequency of psychologist visits	2542.8	0.055 .	3.6843	0.445	0.014
Model 11. WHO-DAS 2.0 total score ~ time + gender of the patient	2571.0	0.837	0.0425	0.016	NA
Model 12. As model 11 + gender of the psychiatrist	2571.4	0.203	1.621	0.020	NA
Model 13. As model 12 + interaction between genders of psychiatrist and patient	2573.3	0.858	0.0322	0.021	NA

Note. A square root transformation was applied to the WHO-DAS 2.0 total scores to meet the normality and homogeneity assumptions.

^a Model comparison was performed by comparing the model including the last predictor, defined in the model definition, with the model excluding the last predictor.

^b AIC: Akaike information criterion.

^c The frequency by which patients had contact with their psychiatrist in the month before the study assessment.

^d Medication adherence was measured as the number of days the participant used less or no antipsychotic drugs while these had been prescribed, in the two weeks before the study assessment.

Table 3

Additional linear mixed-effects analyses on the effect of psychiatrists on Positive And Negative Syndrome Scale (PANSS) total score in first episode psychosis patients

Model description ^a	AIC ^b	<i>p</i> -value	R^2_{marginal}	R^2_{marginal} for psychiatrist as predictor per model
Model 1. PANSS total score ~ time + psychiatrists	-5723.7	0.046*	0.092	0.093
Model 2. As model 1 + dose of antipsychotics	-5738.2	<.001***	0.111	0.089
Model 3. As model 2 + interaction of psychiatrists by dose of antipsychotics	-5730.0	0.078 .	0.130	0.072
Model 4. As model 2 + type of antipsychotics	-5738.9	0.080 .	0.116	0.085
Model 5. As model 2 + baseline severity	-5753.7	<.001***	0.172	0.077
Model 6. As model 5 + frequency of psychiatrist visits ^c	-5754.8	0.079 .	0.173	0.071
Model 7. As model 6 + treatment site	-5748.5	0.849	0.172	0.016
Model 8. As model 6 + years of education	-5763.5	<.001***	0.206	0.079
Model 9. As model 8 + medication non-adherence ^d	-5761.5	0.960	0.205	0.079
Model 10. As model 8 + frequency of psychologist visits	-5774.6	<.001***	0.446	0.075
Model 11. As model 10 + frequency of psychologist visits	-5772.9	0.598	0.445	0.075
Model 12. PANSS total score ~ time + gender of the patient	-5730.3	0.113	0.011	NA
Model 13. As model 12 + gender of the psychiatrist	-5729.5	0.273	0.015	NA
Model 14. As model 12 + interaction between genders of psychiatrist and patient	-5728.1	0.439	0.017	NA

Note. A reciprocal transformation was applied to the PANSS total scores to meet the normality and homogeneity assumptions.

^a Model comparison was performed by comparing the model including the last predictor, defined in the model definition, with the model excluding the last predictor.

^b AIC: Akaike information criterion.

^c The frequency by which patients had contact with their psychiatrist in the month before the study assessment.

^d Medication adherence was measured as the number of days the participant used less or no antipsychotic drugs while these had been prescribed, in the two weeks before the study assessment.