Supplementary Table S1: Characteristics of the 11 surveyed Canadian academic EI programs

Program Name	**Early Psychosis Treatment Service (Calgary)**	**EPI (Victoria)**	**NSEPP (Halifax)**	**TNT (Chatham)**	**The Phoenix Program (Oakville)**	**PEPP - London**	**CNDV (Quebec City)**	**Clinique JAP (Montreal)**	**PEP I.U.S.M.M. (Montreal)**	**PEPP – MUHC (Montreal)**	**PEPP - Montreal**
PROGRAM CHARACTERISTICS											
Location	Calgary (AB)	Victoria (BC)	Halifax (NS)	Chatham (ON)	Oakville (ON)	London (ON)	Québec City (QC)	Montréal (QC)	Montréal (QC)	Montréal (QC)	Montréal (QC)
Population covered	1,300,000	400,000	400,000	120,000	150,000	400,000	600,000	225,000	370,000	150,000	400,000
Admission criteria:											
Age Range	> 16	15 – 35	12 - 35	-14-35	< 35	16 - 40	18 - 30	18 - 30	18 – 35	16 - 35	14 - 35
Maximum length of psychosis prior to treatment	No max	1 yr	No max	No max	No max	No max	No max	No max	no max	No max	No max
Maximum length of previous treatment with ATP medication	3 months	3 months	6 months	6 months	6 months	1 month	1 yr	1 yr	5 years	1 month	1 month
Included disorders outside schizophrenia spectrum:											
Affective psychosis	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes	Yes
Substance-induced psychosis	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Exclusion criteria:											
Acquired brain injury / Developmental disorders	Yes/Yes	Yes / No	No / No	No /Yes	Yes / Yes	Yes / Yes	No / No	Yes / Yes	Yes / No	Yes / Yes	Yes / Yes
Epilepsy	No	No	No	Yes	No	Yes	No	No	No	Yes	Yes
Mental retardation	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes
Forensic	No	No	No	Yes	No	Yes	No	No	No	No	No
Program duration	3 years	No maximum	5 yrs	3 yrs	3 yrs	5 years	3 yrs	5 yrs	5 yrs	2 yrs	2 yrs
Provincial standards of care	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Source of funding for clinical activities:											
Hospital budget	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Designated / protected funding	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No
Specific hospital beds	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Program Name	**Early Psychosis Treatment Service (Calgary)**	**EPI (Victoria)**	**NSEPP (Halifax)**	**TNT (Chatham)**	**The Phoenix Program (Oakville)**	**PEPP - London**	**CNDV (Quebec City)**	**Clinique JAP (Montreal)**	**PEP I.U.S.M.M. (Montreal)**	**PEPP – MUHC (Montreal)**	**PEPP - Montreal**
Patient to case manager ratio	20-30 to 1	25 to 1 first year ; 50 to 1 after	20 to 1	20+to 1	40 to 1	20 to 1	8 to 1	30 to 1	No case management	20 to 1	19-23 to 1
Clinic for UHR patients	Yes	No	No	Yes	No	No	No	No	No	No	Yes
Use of CTO if necessary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ACCESSIBILITY											
School, community clinic or self-referral accepted	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Maximum delay after referral for :											
First contact with patient	No max	48 hours	1 week	48 hours	1 week	48 hours	I month	24 hours	2 weeks	72hours	72 hours
Face-to-face full assessment	No max	1 week	1-2 weeks	Within 2 weeks	2 weeks	1 week	No max	2 weeks	60 days (assessment and entry)	1 week	1 week
Entry into the program	No max	2 weeks	1-3 weeks	4 weeks	2 weeks	1 week	No max	2 weeks		2weeks	2 weeks
Average time for entry into the program	4 weeks	1 week	1-3 weeks	4 weeks	1 week	1 week	2 weeks	1 week	1 week	1 week	1 week
Community interventions to reduce delay in treatment:											
Public education	-	x	x	x	x	x	x	-	x	-	x
Direct education of sources of referral	-	x	x	x	x	x	x	-	-	-	x
CLINICAL EVALUATION TOOLS											
Formal protocol for initial assessment	x	x	x	x	x	x	x	-	-	x	x
Regular use of standardized evaluation tools :											
Positive and negative symptoms (PANSS, SAPS etc.)	x		x	x	x	x	x	x	-	x	x
Functioning (GAF or SOFAS)	x		x	x	x	x	x	x	-	x	x
SCID	x		-	x	-	x	x	-	-	-	x
Substance use assessment	-	-	x	x	-	-	x	x	-		-
Early warning signs of relapse	-	-	-	x	-	-	-	-	-	x	x
Formal evaluation of risk of relapse	-	-	-	x	-	x	-	-		-	-

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PROGRAM EVALUATION											
Formal process for evaluation of patient and treatment outcome	-	x	x	x	x	x	x	x	-	-	x
Evaluation for quality assurance	-	x	x	x	x	x	x	-	x	-	x
EDUCATION AND RESEARCH											
Continuing education within program	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Training (teaching and clinical rotations)											
Psychiatry residents	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-psychiatry residents	No	No	No	Yes	No	Yes	No	No	No	No	Yes
Medical students	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Nursing students	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Social work students	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Occupational therapy students	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Psychology interns	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes
Graduate students	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No
Clinical fellows	No	No	Yes	No	No	No	No	Yes	No	Yes	Yes
Research fellows	No	No	Yes	No	No	No	Yes	Yes	No	No	Yes
Research within program	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Funding of research											
Industry	X	X	X	X	-	X	X	-	X	X	X
Peer review	X	-	X	x	-	X	X	-	X	X	X
Grants or fund raising	-	-	X	-	-	X	X	X	-	-	-

Supplementary Table S2: Patient characteristics of the 11 surveyed Canadian academic EI programs

Program Name	**Early Psychosis Treatment Service (Calgary)**	**EPI (Victoria)**	**NSEPP (Halifax)**	**TNT (Chatham)**	**The Phoenix Program (Oakville)**	**PEPP - London**	**CNDV (Quebec City)**	**Clinique JAP (Montreal)**	**PEP I.U.S.M.M. (Montreal)**	**PEPP - MUHC (Montreal)**	**PEPP -Montreal**
Referrals per year	150	95	135	50	20	80	80	90	155	30-35	156
Accepted new cases per year	125 (83%)	90 (95%)	75 (55%)	30 (60%)	15 (75%)	60 (75%)	60 (75%)	67 (74%)	140 (90%)	20-25 (69%)	55 (35%)
Accepted new cases per year per year per 100 000 population	9.6	22.5	15.0	25.0	10.0	15.0	10.0	29.8	37.8	15.0	13.8
Average age at admission	25.6	22	24	28	22.5	21	22-23	23.4	22.7	22	23.5
% studying at admission	30%	25%	50%	12%	39%	47% (study or work)	10%	16.4%	17.4%	47%	14.7%
% working at admission	18%	13%	50%	18%	26%		10%	27.8%	22.8%	16%	21.1%
% living with their family at admission	N/A	75%	60%	54%	79%	N/A	50%	29.9%	61.2%	49%	68.7%
% living independently at admission	N/A	25%	40%	35%	21%	N/A	40%	57.2%	34.2%	31%	29.6%
Visible minorities (%)	25%	10%	30%	10%	15%	15%	20%	33%	40%	25%	35%
First Nation (%)	5%	10%	5%	10%	0%	5%	2%	0%	0%	0%	1%
First-generation / Second-generation immigrants (%)	25% / N/A	10%/ N/A	10%/ N/A	10%/ 25%	15% / 20%	10%/ N/A	15%/ 5%	25% / N/A	42%/ N/A	40%/ 25%	18%/ 48%
Length of prior use of ATP medication at time of referral:											
<1 month	25%	80%	65%	40%	80%	95%	40%	35%	N/A	90%	3% (?)
1 to 3 months	65%	15%	25%	20%	10%	5%	40%	35%	N/A	10%	1% (?)
3 to 6 months	5%	5%	10%	20%	10%	0%	15%	20%	N/A	0%	0%
>6 months	5%	0%	0%	20%	0%	0%	5%	10%	N/A	0%	0%

Supplementary Table S3: Summary of the different clinical guidelines

SOURCE OF GUIDELINES / RECOMMENDATIONS	BRITISH COLUMBIA[1]	ONTARIO[2]	NOVA SCOTIA[3]	NEW BRUNSWICK[4]	IRIS/NHS (UK)[5]	NEW ZEALAND[6]	AUSTRALIA[7]	ITALY[8]	NICE[9]	- ARTICLE : "INTERNATIONAL GUIDELINES" BJP[10]	ARTICLE : ESSENTIAL EVIDENCE-BASED COMPONENTS…[11]
PROGRAM CHARACTERISTICS											
Admission criteria											
Age range	13-35	14-35	-	Up to 30	14-35, with some flexibility (12-36)	-	-	-	14-35	-	-
Length of psychosis prior to tx	First 5 years of illness and no previous appropriate treatment	No previous appropriate treatment	-	2 years including prodromal sx	Flexible in terms of DUP; less than a year of ATP treatment	-	-	-	-	-	-
Diagnosis included	Affective and non-affective psychosis ; substance-induced psychosis	Experience of psychosis (no specific diagnosis needed)	-	Affective and nonaffective psychosis; drug induced psychosis	Tolerate diagnostic uncertainty (manage sx rather than dx)	-	-	-	-	-	-
Exclusion criteria											
Inclusion of patients with comorbidities such as epilepsy, developmental disorders?	Yes (not if psychosis is a result of toxicity, brain injury or dementia)	Yes	Yes		Yes (exclusion of some conditions that might not be best treated by EIS (Borderline PD with psychotic sx, neurological conditions with transient psychotic symptoms))	-	-	-	-	-	-
Inclusion of patients with comorbid substance use disorders?	Yes	Yes	-	Yes	Yes	Yes	Yes	-	-	-	Yes
Discharge											

SOURCE OF GUIDELINES / RECOMMENDATIONS	BRITISH COLUMBIA[1]	ONTARIO[2]	NOVA SCOTIA[3]	NEW BRUNSWICK[4]	IRIS/NHS (UK)[5]	NEW ZEALAND[6]	AUSTRALIA[7]	ITALY[8]	NICE[9]	- ARTICLE : "INTERNATIONAL GUIDELINES" BJP[10]	ARTICLE : ESSENTIAL EVIDENCE-BASED COMPONENTS… [11]
Criteria for discharge	Not engaging in the program shouldn't automatically lead to discharge; patients can be discharged if EIS are no longer appropriate	-	-		Failure to take medication, continuing substance misuse or non attendance should not lead to discharge	-	-	-	-	-	-
Duration of treatment program	Available for at least 3 years	3 years	2 to 5 years	Up to 2 years	At least 3 years	-	-	-	Up to 3 years	Up to 5 years	Minimum of 3 years; ideally 5 years
Model of care	Multidisciplinary Centralized	Case management / care coordinator	Multidisciplinary Continuity of care	Multidisciplinary Case management	Multidisciplinary Case management	Multidisciplinary Case management	Case management	Domiciliation Flexibility Multidisciplinary	Multidisciplinary Continuity of care	Continuity of care for at least the first 18 months	-
Specific hospital beds	Yes	-	-		Yes	Yes	Yes		Yes	Yes	-
Staffing	Psychiatrist on team (rural areas: access to psych consultation)	-	-		-	Psychiatrist Care manager	-		-	-	Psychiatrist as part of team
Patients : case manager ratio	Maximum 20 : 1 (patients: clinical staff)	-	-		12 to 15 : 1	10 to 15 : 1	-		-	-	-
Services for patients at UHR for psychosis?	Yes	No	-		Yes	Yes	Yes	Yes	Yes	Yes	-
Use of community treatment orders if necessary	-	-	-		-	-	Yes	-	-	Yes	-
Treatment / therapies offered to patients	Psychoeducation CBT	Psychoeducation CBT	Psychoeducation -	Psychoeducation	Psychoeducation CBT	Psychoeducation CBT	Psychoeducation CBT	- CBT	- CBT	- -	Psychoeducation -

SOURCE OF GUIDELINES / RECOMMENDATIONS	BRITISH COLUMBIA[1]	ONTARIO[2]	NOVA SCOTIA[3]	NEW BRUNSWICK[4]	IRIS/NHS (UK)[5]	NEW ZEALAND[6]	AUSTRALIA[7]	ITALY[8]	NICE[9]	- ARTICLE : "INTERNATIONAL GUIDELINES" BJP[10]	ARTICLE : ESSENTIAL EVIDENCE-BASED COMPONENTS…[11]
	Psychosocial interventions Evidence-based psychological therapies	Psychosocial interventions	-		Psychosocial interventions	Psychosocial interventions	Psychosocial interventions Milieu therapy CRT Supportive psychodynamic therapy	-	Psychosocial interventions	Psychosocial interventions	Psychosocial interventions
	Educational / vocational plan	Educational / vocational plan	-		Educational / vocational plan	Educational / vocational plan	Educational / vocational plan	-	Educational / vocational plan and support	Enhancment of professional skills	Vocational plan and supported employment
	-	-	-		-	-	Group programs	-	-	-	-
	-	-	-		-	-	Supportive therapy	-	-	-	-
	-	-	-		-	-	Befriending	-	-	-	-
	-	Crisis intervention	-		-	-	-	-	Crisis plan	Crisis plan	Crisis intervention
	-	Treatment of comorbid substance abuse	-			Treatment of comorbid substance abuse	Treatment of comorbid substance abuse	-	-	-	Treatment of comorbid substance abuse
	-	-	-			-		-			
	-		-		-	-	-	Social skills training	-	-	-
		Recreation							Art therapies		
Family intervention services offered	Psychoeducation Other specialized interventions if needed	Psychoeducation Support groups	Psychoeducation Support Support groups	Psychoeducation	Psychoeducation Family therapy Support group Referral if needed	Psychoeducation Support	Psychoeducation Support Referral to specialists if needed	Single family psychoeducational treatment	Psychoeducation Single or multiple Families intervention	Multi-family groups Support Advice	Multi-family group psychoeducation Group family psychoeducation
Outreach services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	yes
Formal agreements with external services	Yes	-	Yes	Yes	-	Yes	-	-	Yes	-	-
ACCESSIBILITY											

SOURCE OF GUIDELINES / RECOMMENDATIONS	**BRITISH COLUMBIA[1]**	**ONTARIO[2]**	**NOVA SCOTIA[3]**	**NEW BRUNSWICK[4]**	**IRIS/NHS (UK)[5]**	**NEW ZEALAND[6]**	**AUSTRALIA[7]**	**ITALY[8]**	**NICE[9]**	**- ARTICLE : "INTERNATIONAL GUIDELINES" BJP[10]**	**ARTICLE : ESSENTIAL EVIDENCE-BASED COMPONENTS…[11]**
Accepted referral sources	Multiple	Multiple	Multiple		Multiple	Multiple	Multiple	-	-	Ease of access to assessment	-
Timely assessment after referral	First contact on same day as referral Assessment within 1 week	-	Yes (24h to 5 working days, depending on urgency)	Yes Within 1 week	Yes (From same day to a week depending on urgency)	Yes ("rapid access")	Yes (48h)	-	-	Yes	Yes
Timely contact with clinicians after assessment	-	-	-		-	-	Yes With case manager within 5 days of assessment; with psychiatrist within one week of assessment	-	-	-	-
Community interventions to increase detection and battle stigma	Yes	Yes	Yes		Yes	Yes	Yes	-		Yes	Yes
CLINICAL EVALUATION TOOLS											
Comprehensive assessment of new patients	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	yes
Evaluation for the risk of relapse	Yes	-	-		Yes	Yes	Yes	-	Yes	yes	-
EVALUATION											
Evaluation of quality and outcome of program	Yes	-	Yes		Yes	Yes	-	-	-	-	yes
TRAINING AND EDUCATION											
Program provides training and education to individuals outside the program	Yes	-	Yes		-	-	Yes	-	-	-	yes
Continuing education within the program	Yes	Yes	Yes	Yes? (understanding of best practice)	-	-	-	-	-	-	yes

SOURCE OF GUIDELINES / RECOMMENDATIONS	BRITISH COLUMBIA[1]	ONTARIO[2]	NOVA SCOTIA[3]	NEW BRUNSWICK[4]	IRIS/NHS (UK)[5]	NEW ZEALAND[6]	AUSTRALIA[7]	ITALY[8]	NICE[9]	- ARTICLE : "INTERNATIONAL GUIDELINES" BJP[10]	ARTICLE : ESSENTIAL EVIDENCE-BASED COMPONENTS…[11]
Research within the program	Yes	Yes	-		-	Yes	-	-	-	yes	-

Abbreviations

AB: Alberta
ATP: antipsychotic
BC: British Columbia
CNDV: Clinique Notre-Dame des Victoires
CTO: Community Treatment Order
EPI: Early Psychosis Intervention
IRIS: Initiative to Reduce Impact of Schizophrenia
NHS: National Health Service
NICE: National Institute for Health and Care Excellence
NS: Nova Scotia
NSEPP: Nova Scotia Early Psychosis Program
PEP I.U.S.M.M.: Premiers épisodes psychotiques Institut Universitaire en Santé Mentale de Montréal
PEPP: Prevention and Early Intervention Program for Psychosis
PEPP MUHC: Prevention and Early Intervention Program for Psychosis McGill University Health Centre
ON: Ontario
QC: Quebec
TNT: Today Not Tomorrow
UHR: Ultra High Risk
UK: United Kingdom

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