Supplementary Figure Legends

Supplementary Figure 1: Causal model for pathways to care represented by the early identification and intervention program known as the First Episode Mood and Anxiety Program (FEMAP) in London, Ontario, Canada. Phase I includes the following steps as indicated; results of the evaluation of steps 2 through 4 are presented. Step 1 was previously published (see text). Phase II is the subject of a separate investigation.

1. Community outreach to educate about FEMAP where youth make contact, including secondary and post-secondary schools, community mental health agencies, primary care, etc.
2. Youth either self-refer or are referred by a physician to FEMAP, which is located in a youth-friendly facility (renovated house) in the community. Short (5-question) telephone screening directly with the youth is conducted by FEMAP reception to verify inclusion/exclusion criteria.
3. Youth are carefully assessed in person by a clinical professional (e.g., masters in clinical social work) to evaluate mental health concerns, addiction issues, functional impairment, psychosocial environment, and other relevant variables. A case conference ensues to decide best treatment.
4. Youth are either accepted to FEMAP, referred to more appropriate service, or reassured if no specialized treatment is indicated. Referral to alternative programs, if indicated, is facilitated. Only after acceptance are physician (psychiatrist) resources utilized, as in Phase II.

Supplementary Figure 2: Logic model of FEMAP illustrating the outputs and outcomes of the model, including activities and participation as well as short, medium and long-term goals. A

concerning potential unintended consequence to the model is listed. Phase I activities and participation, as well as short and medium term outcomes, were evaluated in this study.

Figure S1: Causal Model of FEMAP

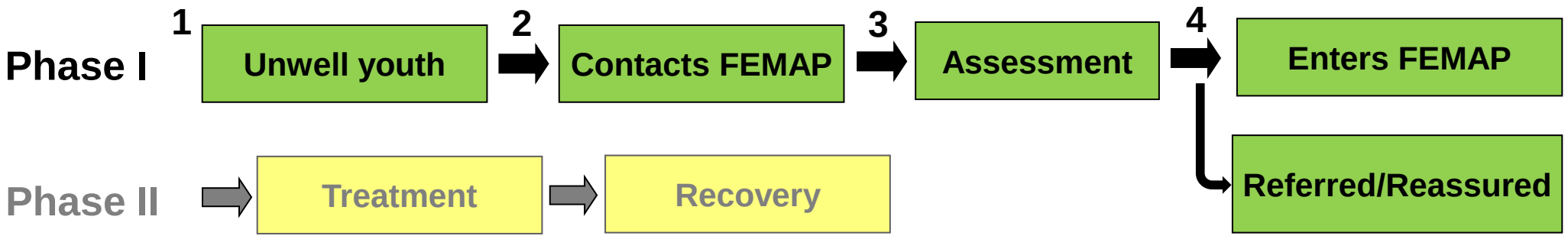
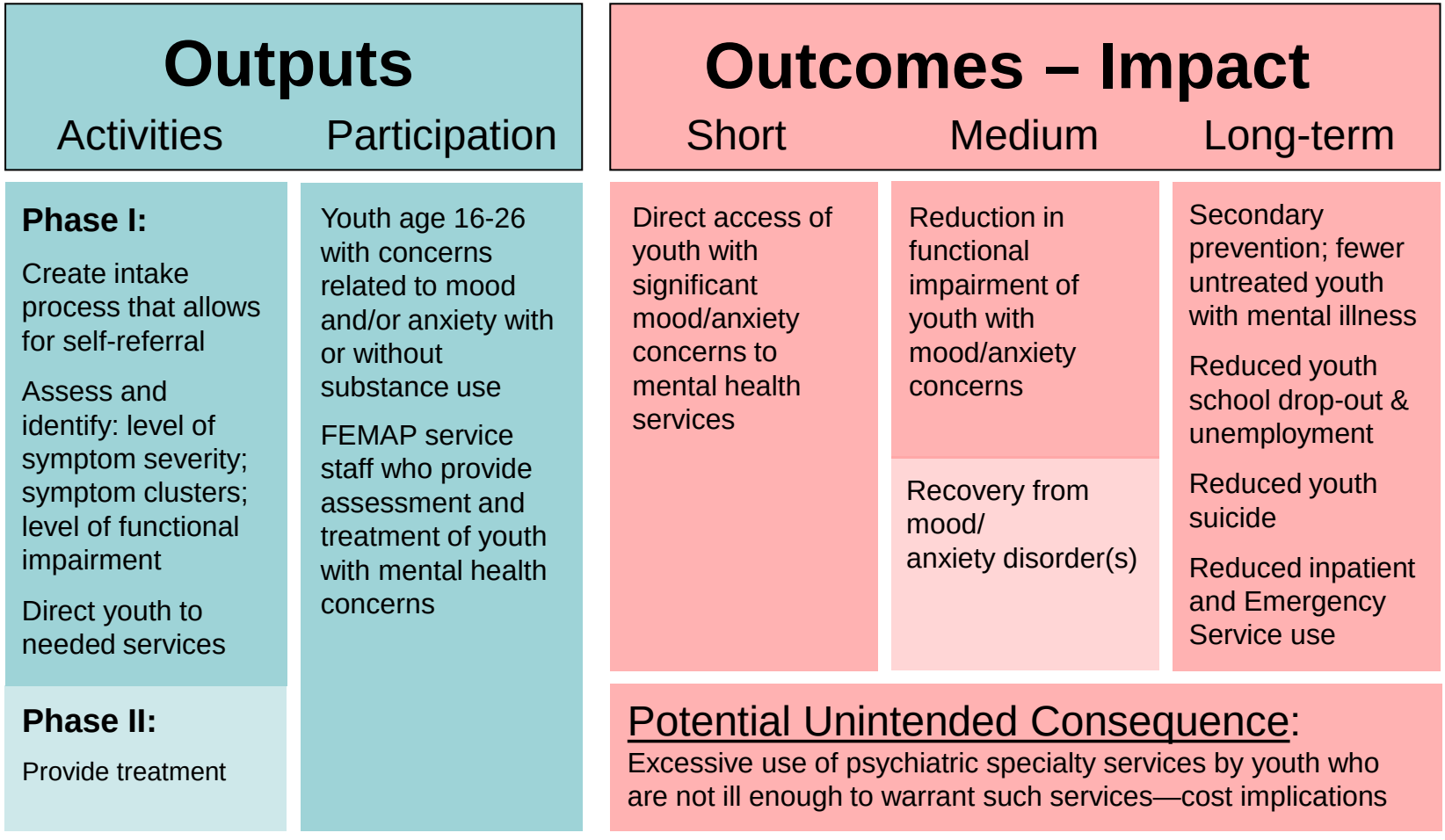


Figure S2: Logic Model of FEMAP



Supplementary Table 1: Referral sources of 548 youth who sought help from the First Episode Mood and Anxiety Program (FEMAP), data missing from 2 youth

Youth referred by –	**Count**	**Percent**
Physician		
Family Doctor	97	18
Acute care hospital's urgent psychiatric clinic	50	9.1
Inpatient unit	31	5.7
Children's or Adult emergency department	7	1.3
Hospital's mental health coordinated intake	12	2.2
Early intervention psychosis program	1	.2
Regional mental health care hospital program	8	1.5
Other psychiatrist	8	1.5
Non-physician		
Self-sought, family member, friend	148	27
Canadian Mental Health Association	11	2
Student counseling services, post-secondary	92	16.8
High school guidance	48	8.8
Children's Aid Society	3	.5
Private therapist/counselor	8	1.5
Community crisis service	7	1.3
Community mental health agency other than above	11	2

Newspaper article or public talk heard by self/family/friend	4	.7

Supplementary Table 2: Demographic and clinical characteristics of 548 youth who sought help from FEMAP, divided into those accepted into FEMAP and those referred or reassured only

Characteristics[a]	Accepted (N = 399)		Referred/Reassured (N = 149)	
Age (years)				
Mean ± Standard Deviation	19.2	± 2.7	19.2	±2.6
Range	16 - 26		16 - 26	
Sex (N and %)				
Female	243	61%	98	66%
Male	156	39%	51	34%
Ethnicity (N and %)				
White, not Hispanic	339	85%	132	89%
Black, not Hispanic	4	1%	0	0%
Hispanic	3	1%	0	0%
Asian/Pacific Islander	19	5%	6	4%
Native	5	1.3%	2	1.3%
Other or missing	29	7.3%	9	6%
Referral source (N and %)				
Physician	156	39%	58	39%
Non-physician	241	60%	91	61%

Missing	2	0.5%	0	0%
Any past treatment (N and %)				
Yes, any	253	63%	89	60%
Yes, medication	206	52%	77	52%
No	142	36%	56	38%
Substance involvement risk (N and %)				
Low	184	46%	69	46%
Moderate	132	33%	52	35%
High	75	19%	21	14%
Completed follow-up questionnaire (N and %)				
Yes	213	53%	69	46%
No	186	47%	80	54%

[a]No variables differed significantly between groups by Chi-square at $p<0.05$.

Supplementary Table 3: Frequency of presumptive diagnoses of 547 youth contacting FEMAP grouped into subgroups of accepted and referred/reassured youth[a].

Diagnostic category	Accepted (N = 396)		Referred/ reassured (N = 149)	
Depression & anxiety	133	34%	22	15.5%
Depression	120	30%	12	8.5%
Anxiety	62	16%	27	19%
Bipolar disorder	38	10%	4	3%
Substance use D/O	15	4%	6	4%
Axis IV[b]	13	3%	33	23%
Trauma/PTSD	12	3%	18	13%
Miscellaneous (Axes II & III, ADHD, conduct D/O)	3	1%	20	14%

[a]Diagnostic category differed between subgroups. Accepted youth were more likely to fall into the first 4 categories listed while referred/reassured youth were more likely to fall into the final 3 categories [Chi-square (7, n=538) =149, p<0.0005, phi=0.53)].

[b]Axis IV refers to youth for whom the clinical research team believed that life stressors were the primary cause of the symptoms, without which the youth would not have come for treatment.