

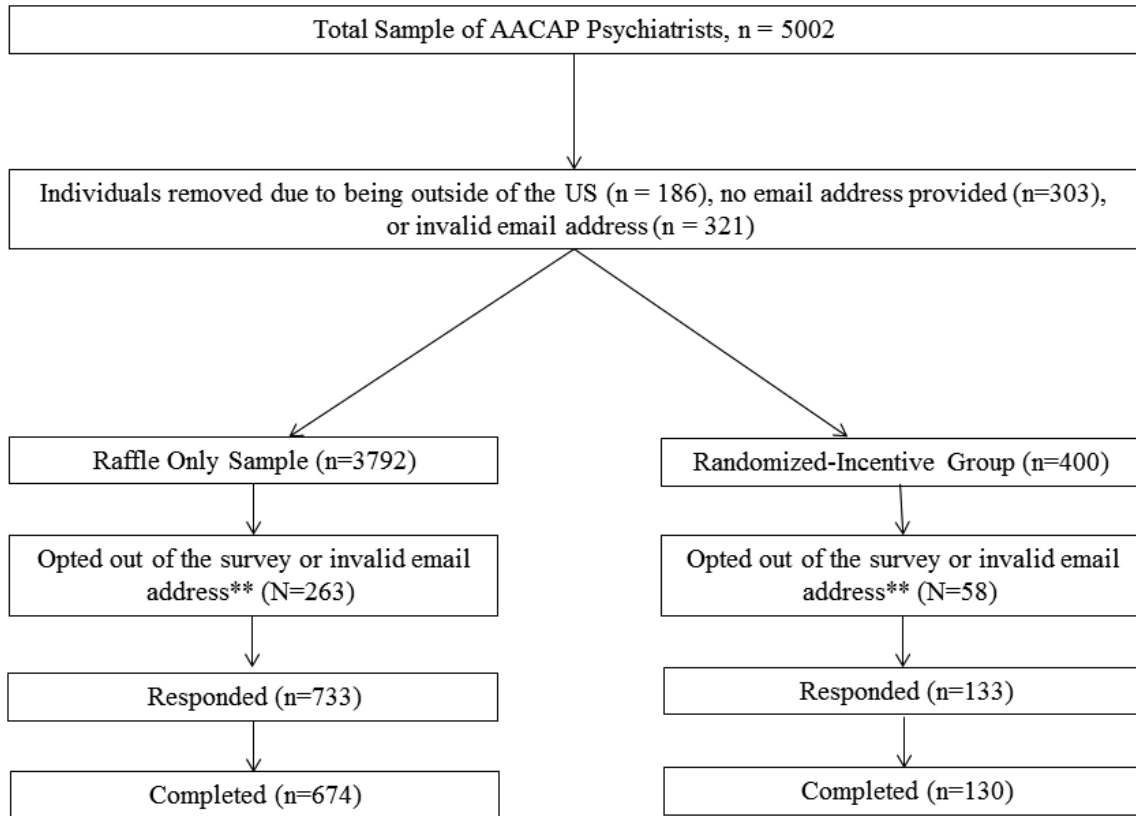
Appendix (online-only), Figure 1: Mental Health Crisis Psychiatrist Survey

Directions: “Children with [ASD || acute psychiatric symptoms] may be at increased risk for experiencing a mental health crisis. A mental health crisis is defined as an acute disturbance of thought, mood, or behavior (e.g., self-injury, aggression, suicide, severe depression) that requires immediate intervention and the resources available to understand and deal with the situation are not available at the time and place of the occurrence. Please answer the following in terms of the resources available to you when managing a child [with ASD] experiencing a mental health crisis.

1. I have access to other mental health professionals (psychiatrists, psychologists, social workers) in the community to consult with if my patient [with ASD] has a history of mental health crisis.
2. I have access to a psychiatric crisis evaluation center that can facilitate a direct psychiatric inpatient hospital admission for a child [with ASD] who is experiencing a mental health crisis.
3. When my patient [with ASD] is experiencing a mental health crisis, I recommend the parent to immediately take their child to a nearby hospital emergency department for evaluation.
4. I routinely keep several appointments open during the week in-case a patient requires a same day appointment for immediate concerns, such as experiencing a mental health crisis
5. I proactively work with caregivers to form an emergency plan that they can implement if their child [with ASD] has a history of experiencing a mental health crisis
6. I will accept new patients [with ASD] who have a history of mental health crisis
7. My office is designed to manage a child [with ASD] who is experiencing a mental health crisis
8. I feel comfortable treating a child [with ASD] experiencing a mental health crisis in my outpatient practice.
9. I am confident that when emergency responders (e.g., 911, police) are called to manage a child [with ASD] who is experiencing a mental health crisis, they will do so in a safe and developmentally appropriate manner
10. I am confident that hospital emergency department staff and clinician(s) can manage a child [with ASD] who is experiencing a mental health crisis in a safe and developmentally appropriate manner.

** The 5-point Likert response options for items 1-6 ranged from “Never” to “Always” and items 7-10 ranged from “Strongly Disagree” to “Agree”

Appendix (online-only), Figure 2: Flow diagram of the randomized incentive design and response rates.



**Emails were identified as “invalid” using proprietary email validation software. However, this process was not 100% accurate, resulting in several emails addresses continuing to be “invalid” when the survey link was administered.

Appendix (online-only), Table 1: Differences between the randomized encouragement and non-randomized study arms

	Non-Randomized Sample (N = 733)	Randomized Encouragement Sample (N = 133)	Test Statistic (χ^2)	p-value	df
<i>% outpatient population with ASD, %</i>			2.70	.61	4
0%	7	5			
1-5%	36	40			
6-15%	38	40			
16-30%	12	9			
$\geq 30\%$	7	7			
<i>Region</i>			8.97	.25	7
North East	12	13			
New York and New Jersey	13	22			
Mid Atlantic	16	12			
South East	14	10			
North Central	16	16			
South West	11	9			
Mid-West	8	8			
California	11	9			
<i>Psychiatrist race</i>			4.60	.10	2
Non-White	18	27			
White	76	68			
Prefer not to report	5	5			
<i>Psychiatrist ethnicity</i>			.70	.72	2
Hispanic	6	5			
Non-Hispanic	87	88			
Prefer not to report	7	7			
<i>Years experience</i>			.81	.70	2
0-10	35	33			
11-25	35	39			
≥ 26	30	28			

<i>Age, in years</i>			3.31	.34	3
25-40	27	29			
41-50	20	21			
51-60	25	29			
≥61	28	21			
<i>Primary activity</i>			.30	.60	1
Patient Care	87	89			
Other	13	11			
<i>Sees adults</i>			.30	.58	1
No	15	17			
Yes	85	83			
<i>Proportion of time spent in an <u>inpatient</u> Setting</i>			2.42	.30	2
0-9%	67	62			
10-24%	16	15			
≥25%	18	23			
<i>Proportion of time spent in an <u>outpatient</u> Setting</i>			.09	.76	1
100%	64	62			
<100%	36	38			
<i>% of appointments that are evaluations</i>			3.27	.19	2
0-10%	56	48			
11-15%	24	31			
≥16%	20	21			
<i>Number of outpatients seen per month</i>			.19	.91	2
0-99	35	35			
100-199	38	40			
≥200	27	26			
<i>Works in a teaching hospital</i>			.14	.71	1
No	60	58			
Yes	40	32			
<i>Wait time for appointment</i>			.04	.98	2

<1 month	42	42			
>1-3 months	46	47			
\geq 4 months	11	11			
<i>Access to Telemedicine</i>			1.07	.30	1
No	72	77			
Yes	28	24			

Appendix (online-only), Table 2: Standardized Mean Differences (SMD) between Groups Before and After Applying the Stabilized and Combined Inverse Probability Weights

Variable	Unweighted			Weighted		
	Psychiatrists Reporting on Youth without ASD (N = 374)	Psychiatrists Reporting on Youth with ASD (N = 492)	SMD	Psychiatrists Reporting on Youth without ASD (N = 374)	Psychiatrists Reporting on Youth with ASD (N = 492)	SMD
<i>Region</i>	24.66	25.13	.06	24.87	24.87	<.01
<i>Psychiatrist race</i>	.83	.88	.11	.85	.85	<.01
<i>Psychiatrist ethnicity</i>	1.01	1.00	.02	1.02	1.02	<.01
<i>Age, in years</i>	1.63	1.45	.15	1.45	1.45	<.01
<i>Years of experience</i>	.99	.91	.09	.88	.88	<.01
<i>Primary activity</i>	.12	.13	.04	.11	.11	<.01
<i>Sees adults</i>	.86	.83	.09	.85	.85	<.01
<i>Proportion of time spent in an inpatient setting</i>	.52	.52	<.01	.49	.49	<.01
<i>Proportion of time spent in an outpatient setting</i>	.37	.36	<.01	.34	.34	<.01
<i>% of appointments that are new evaluations</i>	.59	.71	.15	.67	.67	<.01
<i>Number of outpatients per month</i>	.77	1.02	.30	.94	.94	<.01
<i>Works in a teaching hospital</i>	.37	.43	.10	.39	.39	<.01
<i>Wait time for appointment</i>	.54	.80	.38	.69	.69	<.01
<i>Access to telemedicine</i>	.30	.25	.13	.28	.28	<.01

*See Table 1 for response categories for each variable