

**Appendix S1.** Full description on cohort building and data extraction.

**Appendix S2.** Falsification tests using different policy implementation dates.

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**Table S1.** Gradual effects over time of the stay-at-home policy on employment and educational status of the Early Psychosis Population.

**Table S2.** Sensitivity analyses including inverse probability of censoring weights and different specifications of the policy date.

**Appendix S1.** Full description on cohort building and data extraction.

The source cohort was formed by selecting all patients who ever received care at the McLean OnTrack, McLean Hospital's subspecialty FEP clinic between January 1<sup>st</sup> 2012 (program initiation) and April 1<sup>st</sup>, 2020.

Baseline demographics (e.g., age, gender, race), educational and employment status, prior psychiatric comorbidities, prior exposure to psychotropic medications and pathways to care were explored at the intake interview to our program. After intake interview, we extracted information from Electronic Health Records (EHR) at every psychiatry consultation, including: medication lists, symptomatic status, self-reported adherence, presence/absence of side-effects, educational and employment status, self-reported substance abuse, and service utilization (e.g., emergency room visits, hospitalizations). Data extraction continued after disenrollment from our First Episode Psychosis program, as long as the patient continued to receive psychiatric care at McLean hospital.

Within this source cohort (n=287), we identified all active patients at our program as of March 24<sup>th</sup>, 2020. We defined active patients as receiving at least one psychiatric consultation or social worker consultation in 2020. This window of time was selected because stable active patients could have an appointment every three months. From this sub-cohort of active patients, we selected the information from the weeks relevant for the present project, that is, all information extracted at intake plus all information extracted at all clinical visits between January 1<sup>st</sup>, 2019 and September 21<sup>st</sup> 2019, and between January 1<sup>st</sup> 2020 and September 21<sup>st</sup> 2020.

We used the method of last-observation-carried forward to impute the relevant information (e.g., education and employment status) in the weeks between two consecutive clinical visits. For example, if a patient came for a consultation on January 1<sup>st</sup> 2019 (week 1) and then again on March 6<sup>th</sup> 2019 (week 10), we assumed the same status was maintained from week 1 until week 10. We did not impute, however, for weeks after the patient was disenrolled from our program.

## Appendix S2. Falsification tests using different policy implementation dates.

In this analysis, we specified the date of the policy implementation to be set first at February 24<sup>th</sup>, 2020, that is, one month before its actual date and then January 27<sup>th</sup>, 2020 and March 25<sup>th</sup> 2019, as our other choices. We fitted an interrupted time series analysis and observed the immediate effect of the policy at our date of choice, and compared it to the immediate effect of the policy when the indicator was placed at March 23<sup>rd</sup>, 2020. That is, the model

$$Y_{it} = \alpha + \beta \text{time}_t + \gamma \text{Post}_t + \delta \text{Post}_t * \text{time}_t$$

Where  $Y_{it}$  is the outcome (employment or not),  $\alpha$  the intercept,  $\text{time}_t$  a continuous variable measuring time in weeks, and  $\text{Post}_t$  an indicator variable which equals 1 in the post-period and 0 in the pre-period.

In this model,

|          |  |
|----------|--|
| $\alpha$ | Average employment rates before the policy               |
| $\beta$  | Time trend of employment before the policy               |
| $\gamma$ | Immediate shift in the employment rates after the policy |
| $\delta$ | Change in the time trends of employment after the policy |

That is, the  $\gamma$  parameter will allow us to observe immediate changes in the employment rates before and after the choice of the date for policy implementation. We would expect no immediate changes (or positive changes) for the implementation dates we selected for falsification purposes.

We will run this analysis and compare the  $\gamma$  coefficient for different choices of policy dates (Table S2).

**Table S1.** Gradual effects over time of the stay-at-home policy on employment and educational status of the Early Psychosis Population.

| Coefficient      | Active Employment<br>( $\beta$ coefficient, 95% CI)<br><i>Effect per week</i> | Educational engagement<br>( $\beta$ coefficient, 95% CI)<br><i>Effect per week</i> |
|------------------|---|--|
| post*policy*time | 0.01 (0.00 - 0.02)  | 0.04 (0.03 – 0.05)   |

**Table S2.** Results of sensitivity analyses: including inverse probability of censoring weights and different specifications of the policy date.

| Sensitivity analysis   | $\beta$ coefficient | 95% Confidence Interval [CI] |
|--|---------------------|------------------------------|
| Inverse probability of censoring weights   | -0.34               | -0.37 ; -0.30                |
| Immediate effects when policy date March 23 <sup>rd</sup> , 2020 ( <i>Primary analysis</i> ) | -0.37               | -0.54 ; -0.20                |
| Immediate effects when policy date changed to February 24 <sup>th</sup> , 2020               | 0.06                | -0.12 ; 0.26                 |
| Immediate effects when policy date changed to January 27 <sup>th</sup> , 2020                | +0.28               | 0.12 ; 0.47                  |
| Immediate effects when policy date changed to March 25 <sup>th</sup> , 2019                  | +0.22               | 0.11 ; 0.35                  |