STUDY SAMPLE, DESIGN AND DATA COLLECTION

Questionnaires:

The following questionnaires were used (Cronbach's alpha values shown in brackets):

- 1. Socio-demographic questionnaire.
- Program contribution questionnaire, comprising five questions and assessing the perceived contribution of different program components to the participant's well-being (α=.84). A four-level Likert scale was used, with 1 representing "I completely disagree" and 4 representing "I completely agree".
- 3. Mental wellbeing questionnaire, based on and translated to Hebrew from a standard recovery questionnaire (1). Five dimensions were assessed: personal confidence and hope (9 items; α =.73); willingness to ask for help (3 items; α =.88); goal- and success-orientation (5 items; α =.75); reliance on others (4 items; α =.80); and the sense that the individual is not dominated by the symptoms of the illness (3 items; α =.74). A five-level Likert scale was used, with 1 representing "I completely disagree" and 5 representing "I completely agree".
- 4. An employment performance questionnaire (α =.78) including 11 items. A five-level Likert scale was used, with 1 representing "I completely disagree" and 5 representing "I completely agree".
- 5. Open-ended questions assessing subjective aspects of the program, e.g., the degree to which different program components promote or hinder the participant; the degree to which the participants feels that he or she achieve personal goals; and the degree to which the program has an impact on the participant's life. This section was usually completed with the assistance of a researcher.

Supplementary Table 1: Similarities and differences between the SMP and DMP

(relevant references in parentheses)

		Supportive Model Program (SMP)	Demanding Model Program (DMP)						
Recruitment criteria		Young adults (18-30 years old) with SMI; at least 40% mental disability (2, 3)							
Community-based approach		Emphasizing integration within the community (4)							
		A multidisciplinary team assisting participants to regain independence and responsibility of their							
Illness	~ ~~	lives, while encouraging respect, hope and optimism (5)							
	Staff	Supportive and empathetic (6)	Encouraging independent functioning through personal experience (7)						
Management & Recovery	Individual aspects	A personal and vocational plan	n constructed with each participant (6, 8-11)						
approach	Group aspects	Communal learning (12-14) *	Emphasis on peer-support, belonging and interpersonal relationships, e.g., through shared responsibilities for holding social activities (4, 8, 11 14, 15)						
Acquisition of coping skills		Formal, through a preparatory class that teaches illness management and recovery, self-advocacy, self-organization, personal budget, etc. (12-14) *	Informal and experience-based: learning from own an peers' experience						
		Group responsibilities and chores; maintaining learning groups;							
Main group ac	tivities	searching for employment							
Storp were toos		A preparatory 'coping skills' class held 4 days/week	Operating and promoting the program; afternoon get- togethers and periodic excursions (16)						
Program locale		A separate department for young adults in a rehabilitation center for people with SMI (4, 11, 16, 17)	Public community facilities (e.g., general-purpose community club) (18)						
Social activities within surrounding community		Rare	Regularly attending community club activities (18)						
Housing		With parents	Protected shared housing with dormitory-like conditions (10)						
Integration within the program		Gradual and supportive, including an introductory first week (4, 14)	Immediate #						
Staff's contact with parents		Continuous	Minimal						
	General approach	All participants are employed in p	paid, competitive, open-market jobs (7, 19, 20)						
Supported employment	Working days/ week	1	5						
	Maintaining a workplace	A 'sampling method': 3 workplaces, 4-5 months each (4, 14)	Long-term: 1 workplace throughout the year (7, 21)						
	Vocational advisor	Regular intervention, as requested by participant (4, 8, 17, 19)	Rare intervention, only when required (7)						
	Employer	Employer always aware of the program	Employer rarely aware of the program						
Personal support by staff		Close and continuous	Minimal; at own initiative						
Psychiatric support		Readily available (4, 6, 10, 11, 17)	At own initiative and expense #						
Graduation criteria		Between 1 and 1.5 years after joining the program (depending on progress)							
Continuation component		No continuation component *	Phase II: graduates can continue attending learning and social activities and maintain relationships with peers (21)						

* Component changed to a more DMP-like orientation due to evaluative feedback

[#] Component changed to a more SMP-like orientation due to evaluative feedback

			SMP	DMP
	Ν	53	29	
Participants	Age at recruitment (years) ¹	***	23.4 ± 3.2	$19.5 \pm .9$
	Duration of stay (months) ¹	11.3 ± 5.5	10.2 ± 5.4	
	Gender (% females) [†]		38%	48%
	High-school diploma [†]	32%	27%	
	Participants recruited	First year	25	14
Program statistics	I	Second year	28	15
		Total	53	29
	Participants dropping-out	First year*	1 (4%)	5 (36%)
		Second year ^{\dagger}	1 (4%)	1 (7%)
		Total ^{**}	2 (4%)	6 (21%)
	Participants hospitalized (f	13 (25%)	1 (4%)	
	Working in a normative fra	amework	6 (15%)	4 (25%)
	Studying in a normative ac	2 (5%)	4 (25%)	
	Continuing to Phase II (nor framework and attending p	N/A	7 (44%)	
Eallan	Searching for a job through	3 (7%)	0 (0%)	
Follow-up ²	Supported employment	12 (29%)	1 (6%)	
	Transitional employment	6 (14%)	0 (0%)	
	Unemployed	12 (29%)	0 (0%)	
	Overall integrated within frameworks***	8 (20%)	15 (94%)	

Supplementary Table 2: Demographic data and program statistics

 1 Mean \pm Standard Deviation

² Data available for 41 SMP participants and 16 DMP participants; obtained January 2012 *p<.05, **p<.01, ***p<.001, [†] Not significantly different between groups (Chi-square test).

Supplementary Table 3: Self-reported contribution of different program components to the rehabilitation process

	:29)	(N=	MP =19)	Two-Way Repeated Measures			ANOVA	
Μ	SD	Μ	SD	Program	Time	Interaction	df	
2.86	.88	2.95	1.18	F= 68	F= 27	F= 18	1,46	
2.88	.98	3.13	.78	100	127	110	1, 10	
2.72	.92	2.63	1.30	E = 14	E-1 80	F = 01	1,46	
2.98	.85	2.92	.85	1'14	1-1.07	1901	1,40	
2.69	.93	2.47	1.17	E - 0.4	E-1 73*	E-1 28	1.46	
2.83	.88	2.95	.71	1'=.04	1-4.23	19-1.28	1,40	
1.46	1.64	2.76	1.38	E-0.91**	E-11 40***	E-2.11	1 45	
2.71	1.21	3.26	.73	Г=9.81***	F=11.49 ^{4,4,4}	Г=2.11	1, 45	
2.21	1.29	2.79	1.32	E_2 75	E-1 01*	E- 65	1 45	
2.77	.79	3.03	.79	$\Gamma=2.73$	Γ =4.04	г=.03	1, 45	
	2.86 2.88 2.72 2.98 2.69 2.83 1.46 2.71 2.21	2.86 .88 2.88 .98 2.72 .92 2.98 .85 2.69 .93 2.83 .88 1.46 1.64 2.71 1.21 2.21 1.29	2.86 .88 2.95 2.88 .98 3.13 2.72 .92 2.63 2.98 .85 2.92 2.69 .93 2.47 2.83 .88 2.95 1.46 1.64 2.76 2.71 1.21 3.26 2.21 1.29 2.79	2.86 .88 2.95 1.18 2.88 .98 3.13 .78 2.72 .92 2.63 1.30 2.98 .85 2.92 .85 2.69 .93 2.47 1.17 2.83 .88 2.95 .71 1.46 1.64 2.76 1.38 2.71 1.21 3.26 .73 2.21 1.29 2.79 1.32	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2.86 .88 2.95 1.18 F=.68 F=.27 2.88 .98 3.13 .78 F=.68 F=.27 2.72 .92 2.63 1.30 F=.14 F=1.89 2.98 .85 2.92 .85 F=.14 F=1.89 2.69 .93 2.47 1.17 F=.04 F=4.23* 1.46 1.64 2.76 1.38 F=9.81** F=11.49*** 2.71 1.21 3.26 .73 F=9.81** F=11.49*** 2.21 1.29 2.79 1.32 F=2.75 F=4.04*	2.86 .88 2.95 1.18 F=.68 F=.27 F=.18 2.88 .98 3.13 .78 F=.68 F=.27 F=.18 2.72 .92 2.63 1.30 F=.14 F=1.89 F=.01 2.98 .85 2.92 .85 F=.14 F=1.89 F=.01 2.69 .93 2.47 1.17 F=.04 F=4.23* F=1.28 1.46 1.64 2.76 1.38 F=9.81** F=11.49*** F=2.11 2.21 1.29 2.79 1.32 F=2.75 F=4.04* F=65	

*p<.05; **p<.01; ***p<.001

Supplementary Table 4: Self-perceived sense of mental wellbeing

	SMP (N=28)		DMP (N=19)		Two-Way Repeated Measures ANOVA			
Measure of Mental Wellbeing	Μ	SD	М	SD	Program	Time	Interaction	df
Personal confidence								
and hope								
First measurement	3.68	.69	3.59	.92	F=.25	F=5.44*	F=.01	1, 45
Last measurement	3.94	.55	3.87	.55	125	1-0.44	101	1, 4.
Willingness to ask for								
help								
First measurement	3.79	.89	3.45	1.01	F 76		F 1 14	1 4
Last measurement	3.76	.71	3.78	.62	F=.75	F=.86	F=1.14	1, 4
Goal and success								
orientation								
First measurement	3.75	.60	4.07	.99	E 2 04	E 1 00	F 21	
Last measurement	3.99	.52	4.15	.58	F=3.04	F=1.23	F=.31	1, 4
Reliance on others								
First measurement	4.02	.49	3.69	1.00		- 10		
Last measurement	4.04	.59	3.85	.70	F=3.09	F=.40	F=.22	1, 4:
Not dominated by								
symptoms								
First measurement	3.08	.91	3.96	.70				
Last measurement	3.56	.96	3.80	.66	F=6.77*	F=1.61	F=6.02*	1, 4:

*p<.05

	SMP (N=29)		DMP (N=19)		Two-Way Repeated Measures ANOVA			
Performance measure	M	SD	M	SD	Program	Time	Interaction	df
General performance								
First measurement	2.18	1.24	4.34	.47				
Last measurement	4.43	.55	4.11	.25	F=26.39***	F=41.71***	F=62.64***	1, 45
Arriving to work								
Arriving to work independently								
First measurement	2.14	1.55	4.44	.86				
Last measurement	4.62	1.05	4.56	.71	F=18.29***	F=33.29***	F=27.83***	1, 45
A								
Arriving to work on time								
First measurement	1.97	1.30	4.39	.85				
Last measurement	4.28	.80	4.11	.58	F=26.61***	F=29.57***	F=47.95***	1, 45
Last measurement	1.20	.00	1.11	.50				
Going to work								
regularly				60				
First measurement	2.15	1.41	4.67	.69	F=30.59***	F=38.35***	F=42.03***	1,42
Last measurement	4.58	.81	4.61	.61				,
Looking presentable								
First measurement	1.79	1.59	4.56	.78	F 22 10***			1 45
Last measurement	4.72	.65	4.61	.70	F=33.18***	F=46.05***	F=42.69***	1, 45
Reporting absences								
First measurement	2.32	1.49	4.78	.55				
Last measurement	4.32	.86	4.50	.62	F=38.90***	F=14.65***	F=25.62***	1, 44
Justified absences	• • • •	1 50	1.00	1.02				
First measurement	2.00	1.58	4.00	1.03	F=36.69***	F=33.54***	F=36.69***	1, 41
Last measurement	4.48	.77	3.94	.80				
Asking for help								
First measurement	2.38	1.20	4.61	.50	F=23.71***	F=16.61***	F=47.11***	1, 42
Last measurement	4.35	.80	4.11	.76	1-23.71	1-10.01	1-4/.11	1,42
Carrying out								
instructions								
First measurement	2.28	1.37	4.03	.55		E 01 00***	F 20 (5***	1 41
Last measurement	4.36	.86	3.89	.76	F=8.54**	F=21.92***	F=28.65***	1, 41
Supervisor's								
satisfaction								
First measurement	2.14	1.46	4.25	.91				
Last measurement	4.41	.95	3.33	.97	F=3.85	F=9.63**	F=53.51***	1, 44
Contribution to self confidence								
First measurement	2.76	1.74	3.67	1.03				
Last measurement	4.16	1.11	3.44	.86	F=.12	F=4.61*	F=8.75**	1, 41
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Supplementary Table 5: Self-reported work performance

*p<.05; **p<.01; ***p<.001

References

- 1. Corrigan PW, Salzer M, Ralph RO, et al.: Examining the factor structure of the recovery assessment scale. Schizophrenia Bull 30:1035-41, 2004
- 2. Burt KB, Masten AS: Development in the transition to adulthood: Vulnerabilities and opportunities; in Young Adult Mental Health. Edited by Grant JE, Potenza MN. New York: Oxford University Press, 2010
- 3. Davis M, Koroloff N, Ellison ML: Between adolescence and adulthood: rehabilitation research to improve services for youth and young adults. Psychiatric rehabilitation journal 35:167-70, 2012
- 4. McGorry P, Bates T, Birchwood M: Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. The British Journal of Psychiatry 202:s30-s5, 2013
- 5. McGuire AB, Kukla M, Green A, et al.: Illness management and recovery: a review of the literature. Psychiatric services 65:171-9, 2014
- 6. Addington DE, McKenzie E, Norman R, et al.: Essential evidence-based components of first-episode psychosis services. Psychiatric services 64:452-7, 2013
- 7. Bond GR, Drake RE, Campbell K: Effectiveness of individual placement and support supported employment for young adults. Early intervention in psychiatry, 2014
- 8. Brodie I, Excellence SCIf, Goldman R, et al.: Mental Health Service Transitions for Young People, 2011
- 9. National Collaborative on Workforce and Disability: Successful Transition Models for Youth with Mental Health Needs: A Guide for Workforce Professionals; in InfoBrief. Washington, D.C.: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership, 2009
- 10. United States. Government Accountability O: Young adults with serious mental illness [electronic resource] : some states and federal agencies are taking steps to address their transition challenges : report to congressional requesters. [Washington, D.C.]: U.S. Govt. Accountability Office, 2008
- 11. Woolsey L, Katz-Leavy J: Transitioning Youth With Mental Health Needs to Meaningful Employment & Independent Living. Washington, DC: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership, 2008
- 12. Whitley R, Siantz E: Best practices: recovery centers for people with a mental illness: an emerging best practice? Psychiatric services 63:10-2, 2012
- 13. Whitley R, Strickler D, Drake RE: Recovery centers for people with severe mental illness: a survey of programs. Community mental health journal 48:547-56, 2012
- 14. Podmostko M: Tunnels and cliffs: A guide for workforce development practitioners and policymakers serving youth with mental health needs. Washington, DC: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership, 2007
- 15. Daniels AS, Cate R, Bergeson S, et al.: Level-of-care criteria for peer support services: a best-practice guide. Psychiatric services 64:1190-2, 2013
- 16. McKay CE, Osterman R, Shaffer J, et al.: Adapting services to engage young adults in ICCD clubhouses. Psychiatric rehabilitation journal 35:181-8, 2012
- 17. Patel V, Flisher AJ, Hetrick S, et al.: Mental health of young people: a global public-health challenge. Lancet 369:1302-13, 2007
- 18. Dragatsi D, Bradford JM, Holderness CC, et al.: The Washington Heights Community Service model: positive outcomes and implications for reimbursement under the ACA. Psychiatric services 65:284-6, 2014
- 19. Burke-Miller J, Razzano LA, Grey DD, et al.: Supported employment outcomes for transition age youth and young adults. Psychiatric rehabilitation journal 35:171-9, 2012
- 20. Marshall T, Goldberg RW, Braude L, et al.: Supported employment: assessing the evidence. Psychiatric services 65:16-23, 2014
- Davis M, Delman J, Duperoy T: Employment and Careers in Young Adults with Psychiatric Disabilities; in Tools for system transformation for young adults with psychiatric disabilities: State of the science papers. Edited by Davis M. Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Center for Mental Health Services Research, Transitions RTC, 2013