

Appendix 1: Measures

Client Sociodemographic and Service Use Inventory (CSSRI-EU). The CSSRI-EU (1) provides self-report information in five areas: a) sociodemographic data including ethnicity and education level, b) living situation, c) employment and income, d) service receipt such as inpatient and outpatient hospital services, primary and secondary community care contacts, and e) medication use. For pragmatic reasons, the data on medication was assessed using a shortened version of the CSSRI (Paul McCrone, personal communication), with patients being asked to indicate type (psychotropic or non-psychotropic) and number of medications (while the original version also asks for brand name and dose). Community and outpatient services for the prior three months, and number of medications used in the previous one month, were collected. Number and duration of inpatient stays was collected for the previous 12 months. Total costs of inpatient days were calculated by allocating unit costs based on average costs per day of inpatient stays in each participating center during the observation period.

Clinical Decision Making Style Scale (CDMS). The CDMS (2) measures preferences for CDM. Identically structured parallel versions of the CDMS have been designed for staff and patients. The CDMS is divided into three sections and yields two subscales: Participation in Decision Making (PD) and Information (IN). PD is measured by two sections: a) agreement on a 5-point Likert scale with six items such as "important decisions should be made by the clinician in charge and not by me" and b) ratings on nine items regarding if the decision should be made by the clinician, patient or shared, based on three vignettes in the areas of work, medication and side effects. The PD subscale score is then classified into one of three categories: a preference for active, shared, or passive decision making. The IN subscale is measured by agreement on a 5-point Likert scale with six items regarding the need of the patient to receive information. Scores are categorized into preference for either high, moderate, or low levels of information provision.

Clinical Decision Making Involvement and Satisfaction Scale (CDIS)(3). This instrument measures involvement and satisfaction with a recently experienced clinical decision, as rated by both patient and staff. The Involvement (CDIS-INV) subscale is assessed through a single item rating the extent to which the decision was shared, passive or actively made by the patient (rated on a 5-point scale). The Satisfaction (CDIS-SAT) subscale is assessed by level of agreement on a 5-point Likert scale with six items regarding a) being informed, b) making the best decision, c) consistency with

personal values, d) expectation of implementing the decision, e) whether this was the best decision to make, and f) overall satisfaction. The satisfaction score is then classified into three categories: high, moderate and low. CEDAR measures and scoring information can be downloaded at www.cedar-net.eu/instruments.

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Appendix 2: Self-reported service use at baseline and 12-month follow up (N =578)

	Baseline			12-month follow up			Z ^a	P-value ^b
	Total	Md	IQR	Total	Md	IQR		
Inpatient days (previous year)	6547	0.0	0.0-1.0	2871	0.0	0.0-0.0	-4.31	<.001
Inpatient stays (previous year)	201	0.0	0.0-1.0	137	0.0	0.0-0.0	-3.26	<.001
Outpatient visits (previous 3 months)	2716	1.0	1.0-6.0	3165	2.0	2.0-5.0	-0.27	.787
Day services (previous 3 months)	2683	0.0	0.0-1.0	2236	0.0	0.0-0.0	-1.74	.081
Community contacts (previous 3 months)	5769	5.0	1.0-14.0	5106	5.0	5.0-12.0	-2.42	.016
Psychotropic medications (previous month)	1555	2.0	2.0-4.0	1332	2.0	1.0-3.0	-2.25	.024

Notes: Md = median; IQR = interquartile range; ^aWilcoxon signed-rank test; ^b Bonferroni adjusted p = 0.05/6 = 0.008

Appendix 3: Supplemental references

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