**II Supplementary Table S2.** Recommendations from the European Psychiatric Association (EPA) on the early detection of a clinical high risk for psychosis in patients with mental problems[35].

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| **Recommendation 1**  The following three clinical high risk (CHR) criteria should be used alternatively in screening for psychosis when past or present psychosis and a somatic-caused disorder have been ruled out:   * At least one attenuated psychotic symptom (APS) that meets the requirements of the structured interview for psychosis-risk syndromes (SIPS)[3] or early comprehensive assessment of at-risk mental states (CAARMS)[5]; * At least one brief [limited] intermittent psychotic symptom (B[L]IPS) that meets the requirements of the SIPS or early CAARMS; * At least two self-experienced and self-reported cognitive disturbances (COGDIS)[1,2] that have occurred at least weekly in the past 3 months and are not caused by drug use |
| **Recommendation 2**  It is recommended that a genetically elevated risk of psychosis by a positive family history for psychosis in a first-degree biological relative should not be used itself as a CHR criterion, even though it may be accompanied by functional and psychological impairment. |
| **Recommendation 3**  It is recommended that a significant drop in educational-occupational and/or social functioning levels is not a mandatory additional requirement for clinical psychosis risk. |
| **Recommendation 4**  The CHR criteria should only be applied in help-seeking and distressed people. |
| **Recommendation 5**  In children and young adolescents, the CHR criteria should only be used carefully and with caution. Nevertheless, they should be raised and monitored. However, in late adolescence, the criteria seem to apply as they do in adults. |
| **Recommendation 6**  A trained professional (psychiatrist, clinical psychologist or equivalent mental health professional) with CHR knowledge should carry out the assessment. |