

Supplementary Material

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1. Innowell questionnaire

The following is adapted from Capon, et al.(Capon et al., 2023).

Overall health

EQ-5D-Y – The EQ-5D-Y (Youth) is a questionnaire that measures the generic health-related quality of life. The Innowell platform only uses a single question related to an individual's health, which asks "How good is your health TODAY? Please respond using a number between 0 (the worst health you can imagine) and 100 (The best health you can imagine)." The individual is given a 100-point scale from which they can select their answer.

Overall mental health

CGI-S – The Clinical Global Impressions – Severity scale measures an individual's current mental health. It asks a single question; "How would you rate your mental health at this time?". The individual has a selection of 7 items that range from "Normal, not at all unwell" (1) to "Extremely unwell" (7).

Suicidality

SIDAS – The Suicidal Ideation Attributes Scale (SIDAS) is a five-item scale assessing suicidal ideation over the past month. The scale assesses frequency, controllability, closeness to attempt, distress and interference with daily activities on a 10-point Likert scale (ranging from 0 ("never") to 10 ("always")). A total score of zero corresponds to "no current ideation", a score of one to 20 corresponds to "low current suicidal ideation", and a score of 21 to 50 corresponds to "high current suicidal ideation". The scale has strong internal reliability (Cronbach $\alpha = 0.91$) (Van Spijker et al., 2014).

C-SSRS – The Columbia-Suicide Severity Rating Scale (C-SSRS) aims to measure suicidal thoughts and behaviours in the past month and entire lifetime (Posner et al., 2011). The questionnaire assesses four constructs: severity of ideation, intensity of ideation, suicidal behaviours, and lethality.

Distress

K-10 – The Kessler-10 (K-10) measures psychological distress over the past 4 weeks (Kessler et al., 2002). It is a well-validated measure widely used in adult and adolescent populations in both clinical and community settings. The scale consists of 10 items with five multiple choice options ranging from "none of the time" (1) to "all of the time" (5). Total scores range from 10-50. A total score of under 20 indicates 'likely no distress', 20-24 indicates "likely mild mental disorder", 25-29 indicates "likely moderate mental disorder", over 30 indicates 'likely severe mental disorder' (Andrews & Slade, 2001). The K-10 has moderate reliability (kappa scores 0.42-0.74).

Psychosis-like experiences

PQ-16 – The Prodromal Questionnaire (PQ-16) is a self-report measure used to screen for individuals at risk of psychosis and select individuals for interview of psychosis risk (Ising et al., 2012). It was adapted from the 92-item Prodromal Questionnaire, including nine items from the perceptual abnormalities subscale, five items from the unusual thought content/delusional ideas subscale, and two items from the negative symptoms subscale (Howie et al., 2022). Questions require "True" or "False" answers to statements describing feelings, experiences, or symptoms of psychosis. In the event of a "True" response, the participant is required to then interpret the perceived distress of that on a Likert scale (0-3, with 3 being severe distress). A

cut-off score of 6 or more on the symptom-scale has been shown to detect at-risk mental states with 87% specificity and sensitivity (Ising et al., 2012).

Mania-like experiences

ASRM – The Altman Self-Rating Mania Scale (ASRM) is a 5-item scale used to assess the presence and/or severity of manic-like symptoms during the past 7 days. Each item is scored on a 5-point scale (0-4), with total scores ranging from 0-20 and higher scores indicating greater severity. A score greater than 5 indicates a high likelihood of a manic or hypomanic condition, as per 86% sensitivity and 87% sensitivity (Altman et al., 1997).

Functioning

Youth not in education or employment (NEET) – Engagement with either employment, education, or training was based on questions from the Organisation of Economic Co-operation and Development (OECD), and Census of Population and Housing, Australian Bureau of Statistics (ABS)(OECD, 2023). These four multiple choice questions were: 1) Are you currently engaged in education or study (e.g. school, TAFE or university) on a regular basis?; 2) Are you currently engaged in paid employment or work on a regular basis?; 3) Are you currently engaged in voluntary work through an organisation or group on a regular basis?; and 4) Are you currently providing unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age on a regular basis? Individuals not involved in employment, education, or training were classified as NEET.

WSAS – The Work and Social Adjustment Scale (WSAS) is a brief and reliable measure of work and social adjustment. The questions aim to assess whether an individual is currently impaired or unable to perform day-to-day tasks, due to their mental health. The scale consists of five items that require the individual to rate between 0-8 (“not at all” to “very severely”), based on their agreement with the statement. A maximum total score is achieved by summing all 5 items. A total score greater than 20 suggests moderately severe psychopathology, 10-20 suggests significant functional impairment with less severe symptomatology, and scores under 10 are associated with subclinical populations. The scale has a test-retest correlation of 0.73 and has correlations of 0.76 for severity of depression and 0.61 for obsessive-compulsive disorder symptoms(Mundt et al., 2002).

SOFAS – The Social and Occupational Assessment Scale is a single question that asks an individual to rate their social and occupational functioning (Goldman et al., 1992). The question on the Innowell platform asks, “Thinking about your ability to participate in everyday social, school (including university/college) or work activities, how much of your “usual activities have been limited?”. The individual is then allowed to select 7 options that range from “Only everyday problems or concerns (e.g., mild anxiety before an exam or an occasional argument with family members)” (1) to “Inability to participate in almost all areas of life (e.g., stay in bed all day, or no job, home or friends or think about harming yourself)” (7).

Alcohol, tobacco, cannabis use

ASSIST – The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is an 8-item questionnaire that aims to detect substance use-related problems. It screens for use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives and sleeping pills, hallucinogens, inhalants, opioids, and other drugs. Besides the first question which concerns life-time experiences, each question requires the individual to respond to questions that concern the prior 3-months on either 5- or 3- point Likert scales (Humeniuk et al., 2008).

AUDIT-C – The Alcohol Use Disorders Identification Test (AUDIT-C) is a brief measure consisting of three questions related to the frequency of general and binge alcohol consumption over the past year (Babor et al., 2001). Each question has 5 options that increase in frequency or quantity of consumption (scores range from 0-4) (Bush et al., 1998). A total score of 0-3 indicates low-risk drinking, 4-5 moderate risk, and scores greater than five indicates high risk drinking, however, this may not apply if total points come from q1 (i.e., when q2 and q3 =0).

Social connection

SSSS – The Schuster’s Social Support Scale (SSSS) is a 6-item questionnaire that aims to assess the frequency of both supportive and negative interactions with family and friends (Schuster et al., 1990). The first five questions are scored on a 4-point Likert scale (0-3; “never” to “often”) with alpha reliability ranging from 0.56-0.75, and the sixth question requires a Yes/No response (Schuster et al., 1990).

Depression

QIDS-SR – The Quick Inventory of Depressive Symptomatology – Self-report (QIDS-SR) consists of 16-items that aim to assess nine domains of depression during the preceding seven days (Rush et al., 2003). These domains are related to the DSM-IV diagnosis of a major depressive disorder, including: sleep, mood, appetite/weight, concentration/decision making, self-view, suicidal ideation, general interest, energy level, and agitation. Each item is scored on a scale between 0-3 points and scoring instructions determine the total score (which ranges from 0-27) (Brown et al., 2008). Scores greater than 21 indicate very severe depression, 16-20 indicate severe depression, 11-15 indicate moderate depression, 6-10 indicate mild depression, and scores of 5 or lower indicate no depression.

Anxiety

OASIS – The Overall Anxiety Severity and Impairment Scale aims to assess the severity and impairment of anxiety-related symptoms over the past seven days (Norman et al., 2006). The scale consists of five multiple choice questions with five options that are scored from 0-4, with higher scores indicating greater severity and/or impairment. A cut-off score of 8 has high validity (87%) for identifying anxiety disorders (Campbell-Sills et al., 2009).

Physical health

Height, weight, and waist circumference

Body mass index (BMI) is calculated by $\text{Weight}/(\text{Height}^2)$ to estimate total body fat in proportion to total body weight. It is used to estimate risk of cardiovascular, metabolic, and other diseases. Waist circumference, however, is a more accurate estimate of visceral fat and more predictive of cardiovascular diseases. For women, a waist circumference of 80-87cm is considered increased risk, and 88+cm is greatly increased. For men, a waist circumference of 94-101cm is considered increased risk, and 102+cm is considered greatly increased risk (Department of Health and Aged Care, 2021).

IPAQ – The International Physical Activity Questionnaire (IPAQ) aims to determine the average physical activity of an individual and can be scored on a continuous and/or categorical scale (Craig et al., 2003). First, all activity is calculated in minutes. Second, minutes should be converted to metabolic equivalent of task (MET) minutes (multiply the minutes by the relevant scalar; walking =3.3, moderate activity=4, vigorous activity =8). Third, multiply MET minutes by number of days the activity was performed. For categorical scoring, high = over 3000 MET minutes a week OR over 1500 MET minutes per week with 3 or more days of vigorous exercise; moderate = at least 3 days of vigorous activity or walking of 30 or more mins per day,

OR 5+ days of moderate intensity activity and/or walking (minimum 30 mins per day), OR 5+ days of walking, moderate intensity, or vigorous activity equating to 600+ MET minutes; and low = not meeting high or moderate.

Sleep-wake cycle

PSQI – The Pittsburgh Sleep Quality Index (PSQI) is a questionnaire that aims to assess sleep quality and disturbances over the past month (Buysse et al., 1989). It consists of nineteen-items that assess seven domains: sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction. Each of the seven component scores are summed together to form a global score (Buysse et al., 1989).

MCTQ – The Munich Chronotype Questionnaire (MCTQ) is a self-report scale that assesses bed- and rise-times, and self-assessment of individual chronotype (Roenneberg et al., 2003). The chronotype options range from extremely early to extremely late and is determined by using the midpoint between onset and offset of sleep.

Post-traumatic stress

PC-PTSD-5 – The Primary Care PTSD Screen (PC-PTSD) is a five-item questionnaire that aims to assess PTSD symptoms which reflect the DSM-V diagnostic criteria (Prins et al., 2016). Each item is scored as either Yes or No (1 or 0), and a maximum total score is 5. A cut-off of 3 is optimally sensitive (reduces false negatives; $\kappa[1] = 0.93$, standard error = 0.041), yet a cut-off of 4 is optimally efficient (good balance between false positive and negatives; $\kappa[0.5] = 0.63$, standard error = 0.052) (Prins et al., 2016).

Eating behaviours and body image

EDE – The Eating Disorder Examination Questionnaire (EDE-Q) is based on the eating disorder examination interview and aims to assess eating behaviours and body image disturbance over the past four weeks (Hay et al., 2008). The questionnaire uses a combination of Likert scales and Yes/No options.

2. Factors

Factor	Item
Trauma Event	PTSD5_EVENT
Insomnia	QIDS_1
	QIDS_2
	QIDS_3
Hypersomnia	QIDS_4
Anxiety	OASIS_1
	OASIS_2
Unrefreshed Sleep	SLEEPWAKE_6
Energy	QIDS_14
Interest	QIDS_13
Psychomotor	QIDS_15
	QIDS_16
Unusual Thoughts	PQ16_2
	PQ16_5
	PQ16_10
	PQ16_11
	PQ16_14
Abnormal Perceptions	PQ16_3
	PQ16_4
	PQ16_6
	PQ16_8
	PQ16_9
	PQ16_12
	PQ16_13
	PQ16_14
	PQ16_15
	PQ16_16
Social Positive	SSSS_1
	SSSS_2
	SSSS_6
Social Negative	SSSS_3
	SSSS_4
	SSSS_5

Table S1. Mapping of items to factors used within the Bayesian network analysis.

3. Bayesian Logistic Regression

We predict two STB outcomes, where we consider the k -th outcome for individual i given by y_{ik} . The predictors are given by clinical, psychosocial, and demographic characteristics. The j -th characteristic for individual i is given by $x_{j,i}$. When conducting the marginal logistic regression analysis, we assume that the probability of $y_{k,i}$ is given by the model,

$$p(y_{k,i}|x_{j,i}) = \text{logit}(\beta_{j,k}x_{j,i} + c_k),$$

where c_k is a constant for the k -th characteristic.

For the conditional logistic regression we include all sample characteristics. Thus, we assume that the probability model is given by,

$$p(y_{k,i}|x_{1,i}, x_{2,i}, \dots, x_{10,i}) = \text{logit}\left(\sum_{j=1}^{10} \alpha_{j,k}x_{j,i} + d_k\right),$$

where d_k is a constant for the k -th characteristic.

The supplementary results Bayesian logistic regression along with further detail about the distribution of the sample characteristics for a recent suicide attempt and high suicidal ideation are shown in Tables S3-S5 and Tables S6-S8, respectively. For all instances of the regression analysis we ran rstanarm (Goodrich et al., 2024) for 4000 iterations per chain across four chains. We used the default weakly informative priors implemented in rstanarm. We report the mean and standard deviation for $\alpha_{j,k}$ and $\beta_{j,k}$ as the distribution is typically symmetric. Whereas we report the median and highest density interval for the odds-ratio in the main article as the distribution is typically asymmetric. The $\hat{R}$ and effective sample sizes are also reported as convergence statistics (Gelman et al., 2013; Vehtari et al., 2021).

Table S3. Categorical clinical and psychosocial characteristics for the sample split by having a recent suicide attempt.

	Total	Recent Suicide Attempt	No Recent Suicide Attempt
No. (%)	1020	21 (2.1%)	999 (97.9%)
Depressed mood (QIDS)			
Minimal (0-5)	7 (0.7%)	0 (0.0%)	7 (0.7%)
Mild (6-10)	92 (9.0%)	0 (0.0%)	92 (9.2%)
Moderate (11-15)	371 (36.4%)	1 (4.8%)	370 (37.0%)
Severe (16-20)	409 (40.1%)	10 (47.6%)	399 (39.9%)
Very severe (21-27)	141 (13.8%)	10 (47.6%)	131 (13.1%)
Psychosis-like experiences (PQ16)			
No concern (0-5)	501 (49.1%)	5 (23.8%)	496 (49.6%)
Possible concern (6-9)	303 (29.7%)	4 (19.0%)	299 (29.9%)
Probable concern (10-16)	216 (21.2%)	12 (57.1%)	204 (20.4%)
Mania-like experiences (ASRM)			
No or possible concern (0-6)	847 (83.0%)	16 (76.2%)	831 (83.2%)
Probable concern (6-18)	173 (17.0%)	5 (23.8%)	168 (16.8%)
Social and Occupational Functioning (WSAS)			
Mild (0-10)	65 (6.4%)	1 (4.8%)	64 (6.4%)
Moderate (10-20)	430 (42.2%)	4 (19.0%)	426 (42.6%)
Severe (> 20)	525 (51.5%)	16 (76.2%)	509 (51.0%)
Anxiety (OASIS)			
Low (0-5)	128 (12.5%)	3 (14.3%)	125 (12.5%)
Mild (6-9)	265 (26.0%)	1 (4.8%)	264 (26.4%)
Moderate (10-11)	211 (20.7%)	2 (9.5%)	209 (20.9%)
Severe (> 12)	416 (40.8%)	15 (71.4%)	401 (40.1%)
Social Connectedness (SSSS)			
Good (0-5)	268 (26.3%)	3 (14.3%)	265 (26.5%)
Moderate (6-10)	489 (47.9%)	8 (38.1%)	481 (48.1%)
Poor (11-18)	263 (25.8%)	10 (47.6%)	253 (25.3%)
Sleep-Wake Cycle			
Good	85 (8.3%)	1 (4.8%)	84 (8.4%)
Moderate	341 (33.4%)	6 (28.6%)	335 (33.5%)
Poor	594 (58.2%)	14 (66.7%)	580 (58.1%)

Table S4. Marginal logistic regression results for each $\beta_{j,1}$ parameter predicting a recent suicide attempt. We present the median, 95% highest-density interval, $\hat{R}$ and effective sample (N_{eff}) size convergence statistics.

	Mean	Standard Deviation	$\hat{R}$	N_{eff}
<i>Demographics</i>				
Female sex at birth	1.451	0.763	1.001	3078
Age in years, mean	-0.090	0.079	1.000	4515
Urban, No.	-0.272	0.536	1.001	4313
<i>Traumatic Event</i>	1.05	0.519	1.000	3318
<i>Total Scores</i>				
Suicidal ideation (SIDAS)	0.193	0.028	1.001	1668
Depressed mood (QIDS-adjusted [†])	0.298	0.064	1.000	2459
Anxiety (OASIS)	0.158	0.062	1.001	3005
Psychosis-like experiences (PQ16)	0.194	0.054	1.000	3127
Mania-like experiences (ASRM)	0.055	0.068	1.000	4549
Functioning (WSAS)	0.070	0.029	1.002	3546
Social support (SSSS)	0.117	0.061	1.001	3843
Sleep (BMC Sleep-Wake Scale)	0.359	0.369	1.001	4634

[†] QIDS-adjusted is calculated as the total QIDS score with the value of question 12, which asks about suicidal ideation, subtracted.

Table S7. Conditional logistic regression results for each $\alpha_{j,1}$ parameter predicting a recent suicide attempt. We present the median, 95% highest-density interval, $\hat{R}$ and effective sample size (N_{eff}) convergence statistics.

	Mean	Standard Deviation	$\hat{R}_{\text{hat}}$	N_{eff}
<i>Demographics</i>				
Female sex at birth	0.678	0.828	1.000	8183
Age in years, mean	0.117	0.121	1.001	6985
Urban, No.	-0.224	0.675	1.000	7490
<i>Traumatic Event</i>	0.691	0.664	1.000	8395
<i>Total Scores</i>				
Suicidal ideation (SIDAS)	0.232	0.036	1.000	5163
Depressed mood (QIDS-adjusted [†])	0.104	0.108	1.000	6888
Anxiety (OASIS)	-0.044	0.078	1.000	7849
Psychosis-like experiences (PQ16)	0.101	0.077	1.000	7453
Mania-like experiences (ASRM)	0.101	0.083	1.000	8162
Functioning (WSAS)	-0.107	0.049	1.000	6813
Social support (SSSS)	-0.047	0.077	1.000	8487
Sleep (BMC Sleep-Wake Scale)	-0.276	0.461	1.000	9277

[†] QIDS-adjusted is calculated as the total QIDS score with the value of question 12, which asks about suicidal ideation, subtracted.

Table S6. Categorical clinical and psychosocial characteristics for the sample split by having high (SIDAS ≥ 20) compared to low suicidal ideation.

	Total	High Suicidal Ideation	Low Suicidal Ideation
No. (%)	1020	321 (31.5%)	699 (68.5%)
Depressed mood (QIDS)			
Minimal (0-5)	7 (0.7%)	0 (0%)	7 (1.0%)
Mild (6-10)	92 (9.0%)	3 (0.9%)	89 (12.7%)
Moderate (11-15)	371 (36.4%)	70 (21.8%)	301 (43.1%)
Severe (16-20)	409 (40.1%)	148 (46.1%)	261 (37.3%)
Very severe (21-27)	141 (13.8%)	100 (31.2%)	41 (5.9%)
Psychosis-like experiences (PQ16)			
No concern (0-5)	501 (49.1%)	120 (37.4%)	381 (54.5%)
Possible concern (6-9)	303 (29.7%)	96 (29.9%)	207 (29.6%)
Probable concern (10-16)	216 (21.2%)	105 (32.7%)	111 (15.9%)
Mania-like experiences (ASRM)			
No or possible concern (0-6)	847 (83.0%)	269 (83.8%)	578 (82.7%)
Probable concern (6-18)	173 (17.0%)	52 (16.2%)	121 (17.3%)
Social and Occupational Functioning (WSAS)			
Mild (0-10)	65 (6.4%)	6 (1.9%)	59 (8.4%)
Moderate (10-20)	430 (42.2%)	81 (25.2%)	349 (49.9%)
Severe (> 20)	525 (51.5%)	234 (72.9%)	291 (41.6%)
Anxiety (OASIS)			
Low (0-5)	128 (12.5%)	28 (8.7%)	100 (14.3%)
Mild (6-9)	265 (26.0%)	55 (17.1%)	210 (30.0%)
Moderate (10-11)	211 (20.7%)	63 (19.6%)	148 (21.2%)
Severe (> 12)	416 (40.8%)	175 (54.5%)	241 (34.5%)
Social Connectedness (SSSS)			
Good (0-5)	268 (26.3%)	55 (17.1%)	213 (30.5%)
Moderate (6-10)	489 (47.9%)	145 (45.2%)	344 (49.2%)
Poor (11-18)	263 (25.8%)	121 (37.7%)	142 (20.3%)
BMC Sleep-Wake Cycle			
Good	85 (8.3%)	16 (5.0%)	69 (9.9%)
Moderate	341 (33.4%)	98 (30.5%)	243 (34.8%)
Poor	594 (58.2%)	207 (64.5%)	387 (55.4%)

Table S5. Marginal logistic regression results for each $\beta_{j,2}$ parameter predicting a high suicidal ideation. We present the median, 95% highest-density interval, $\hat{R}$ and effective sample size (N_{eff}) convergence statistics.

	Mean	Standard Deviation	$\hat{R}$	N_{eff}
<i>Demographics</i>				
Female sex at birth	0.258	0.159	1.000	6004
Age in years, mean	-0.071	0.024	1.000	5912
Urban, No.	-0.249	0.175	1.000	5807
<i>Traumatic Event</i>	0.396	0.139	1.000	5253
<i>Total Scores</i>				
Depressed mood (QIDS-adjusted [†])	0.227	0.022	1.000	5057
Anxiety (OASIS)	0.127	0.019	1.000	5111
Psychosis-like experiences (PQ16)	0.128	0.018	1.001	4794
Mania-like experiences (ASRM)	-0.019	0.024	1.000	5346
Functioning (WSAS)	0.106	0.010	1.001	4124
Social support (SSSS)	0.138	0.020	1.000	4980
Sleep (BMC Sleep-Wake Scale)	0.355	0.112	1.000	5660

[†] QIDS-adjusted is calculated as the total QIDS score with the value of question 12, which asks about suicidal ideation, subtracted.

Table S8. Conditional logistic regression results for each $\alpha_{j,2}$ parameter predicting high suicidal ideation. We present the mean, standard deviation, $\hat{R}$, and effective sample size convergence (N_{eff}) statistics.

	Mean	Standard Deviation	$\hat{R}$	N_{eff}
<i>Demographics</i>				
Female sex at birth	0.072	0.174	1.000	10110
Age in years, mean	-0.089	0.031	1.000	9611
Urban, No.	-0.056	0.198	1.000	10918
<i>Traumatic Event</i>	-0.034	0.162	1.000	11320
<i>Total Scores</i>				
Depressed mood (QIDS-adjusted [†])	0.125	0.031	1.000	9759
Anxiety (OASIS)	-0.024	0.024	1.000	10481
Psychosis-like experiences (PQ16)	0.055	0.023	1.000	9803
Mania-like experiences (ASRM)	-0.042	0.026	1.000	11623
Functioning (WSAS)	0.076	0.014	1.000	9613
Social support (SSSS)	0.046	0.023	1.000	10949
Sleep (BMC Sleep-Wake Scale)	-0.070	0.130	1.000	11300

[†] QIDS-adjusted is calculated as the total QIDS score with the value of question 12, which asks about suicidal ideation, subtracted.

4. Item-Level Undirected Probabilistic Graph Model Inference

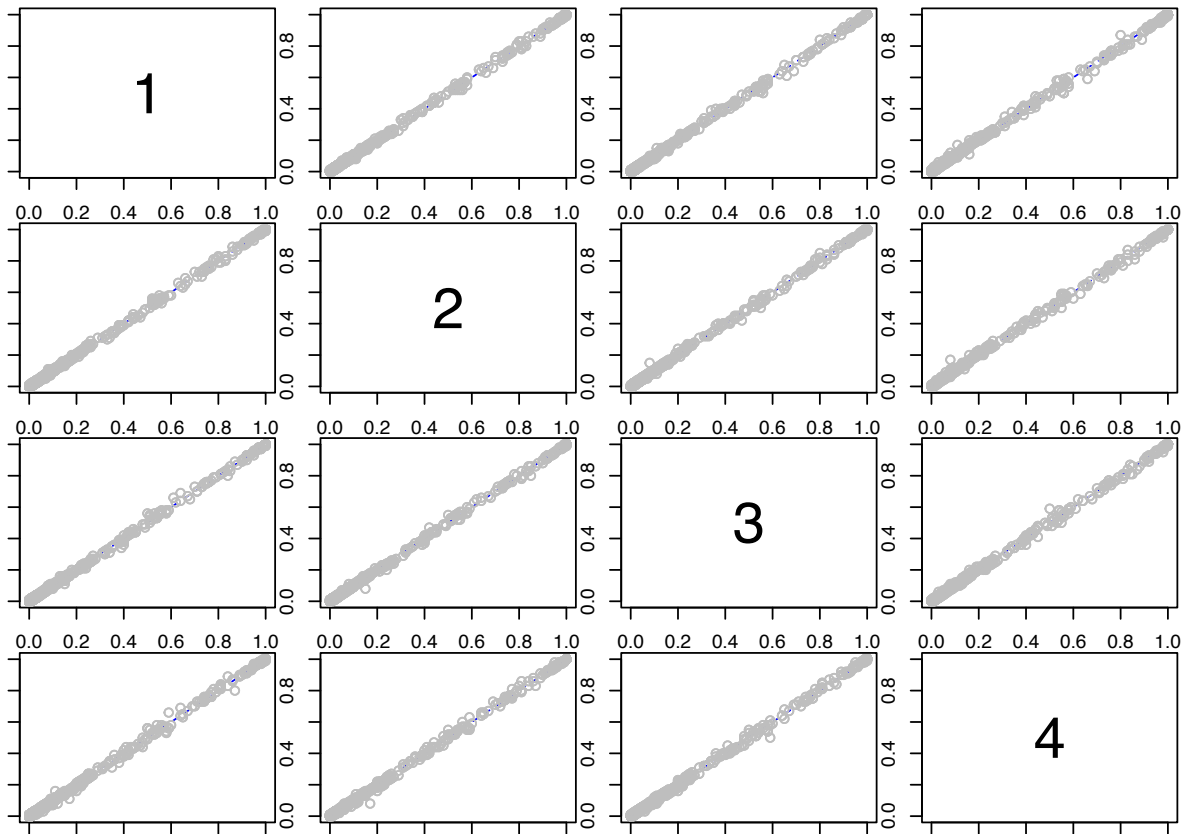
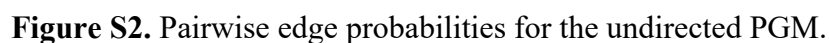
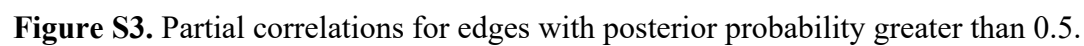


Figure S1. Concordance plot for the item-level undirected pairwise edge probabilities. We ensured that the difference in estimated edge probabilities between all chain pairs was below 0.1.





5. Factor-Level Bayesian Network Inference

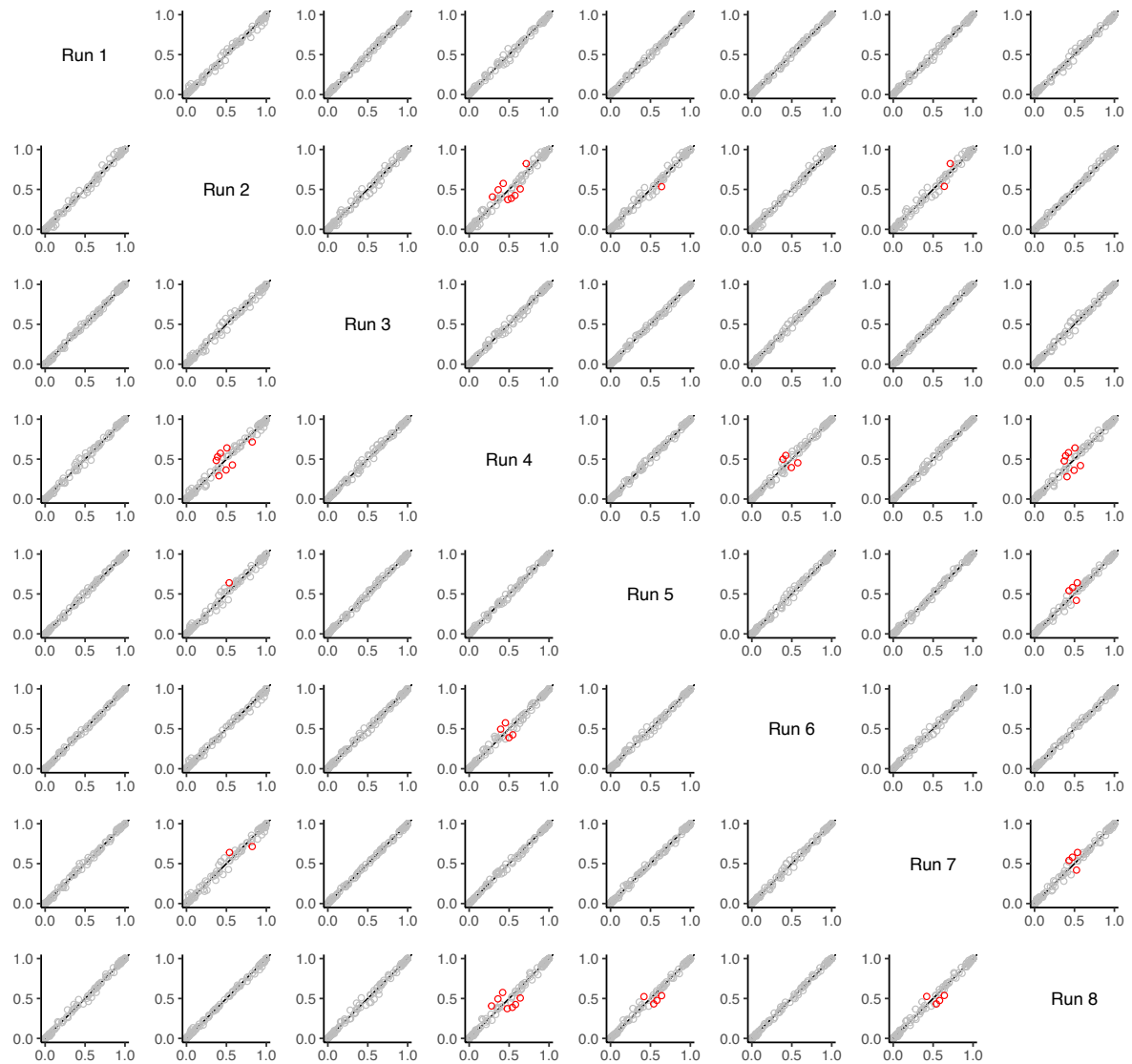


Figure S4. Concordance plot for the factor-level Bayesian network pairwise edge probabilities. We ensured that the difference in estimated edge probabilities between all chain pairs was below 0.2, but highlight differences between 0.1 and 0.2.

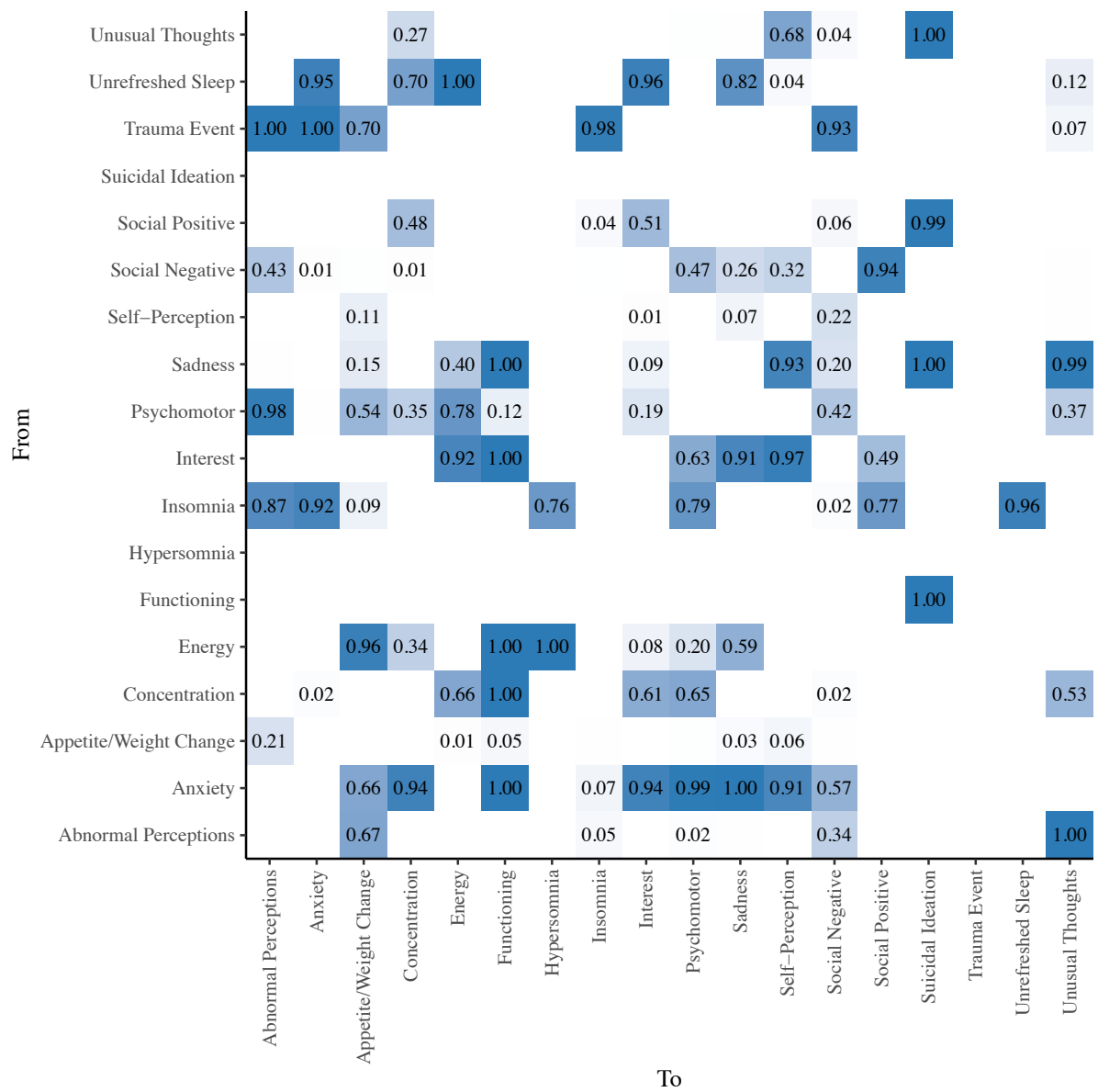


Figure S5. Pairwise edge probabilities where the edge points from row to column for the Bayesian network inference. We only show cases where the pairwise edge probabilities are greater than 0.

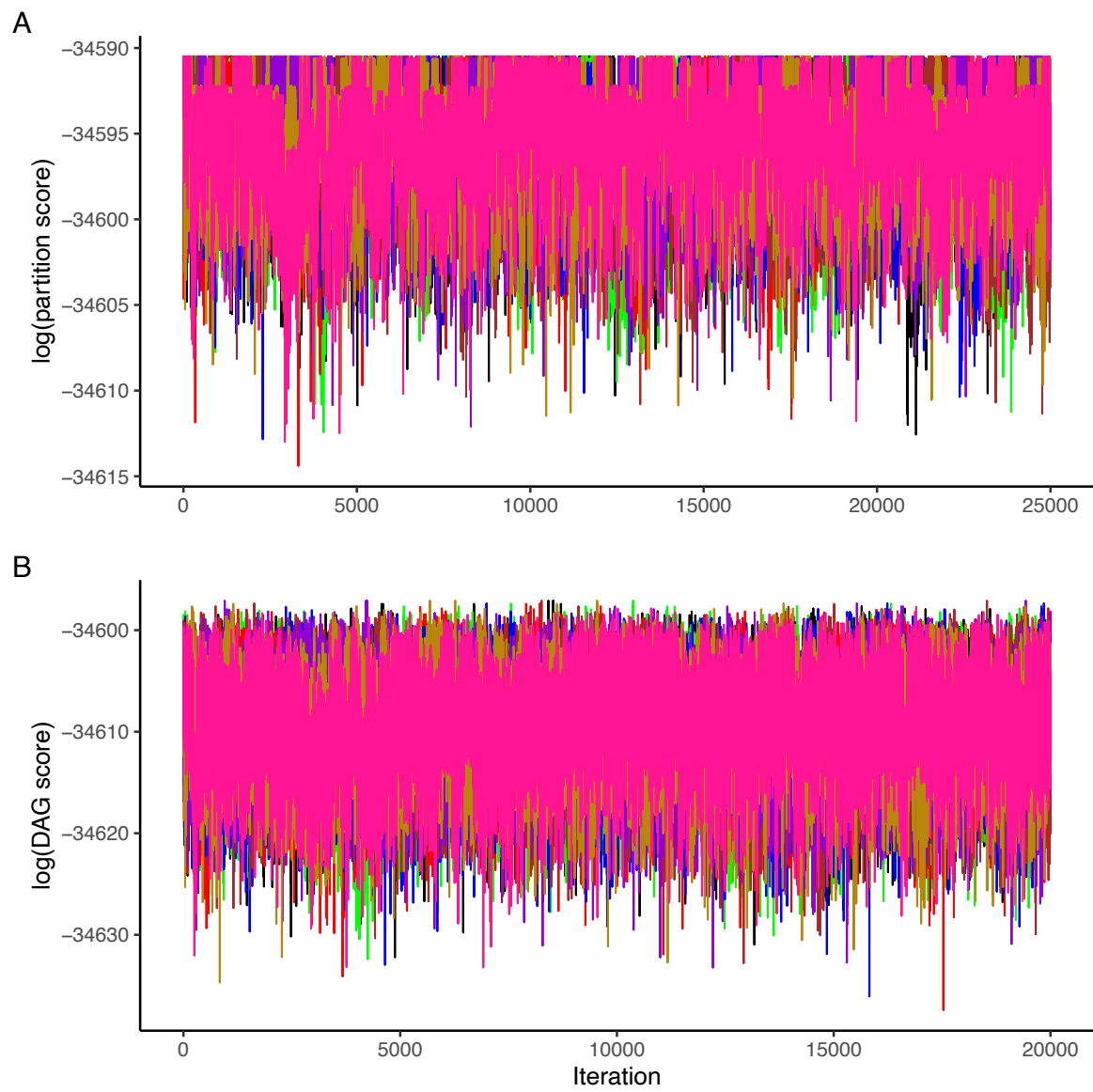


Figure S6. Trace plots for log scores in (A) partition and (B) DAG spaces.

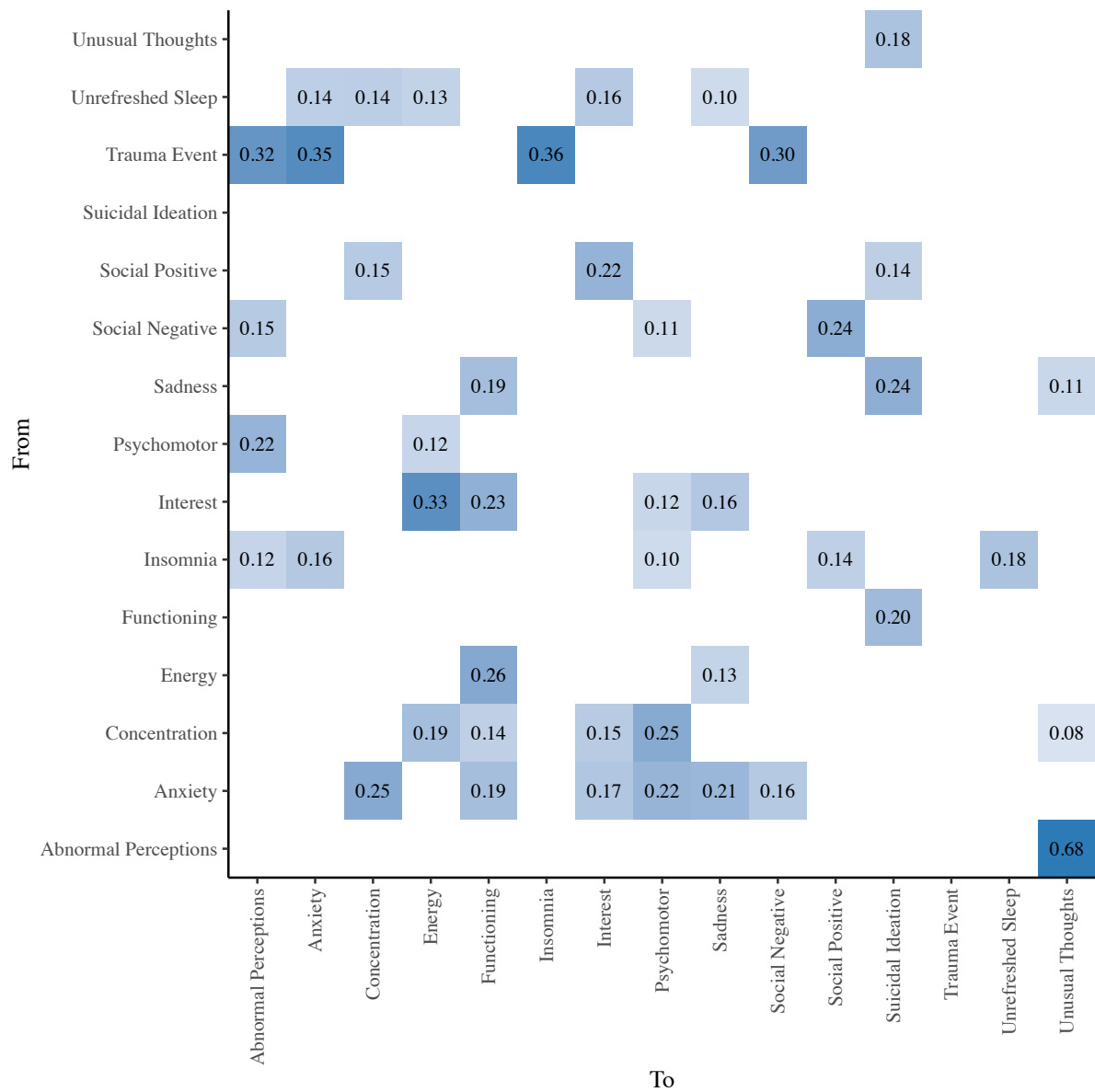


Figure S7. Linear regression coefficients estimated for the *maximum a posteriori* directed acyclic subgraph presented in Figure 2 of the manuscript. For ease of visualisation the fill colour property has been saturated at 0.4.

Table S8. Causal effect median, interquartile range, $\hat{R}$ convergence statistic, and effective sample sizes (N_{eff}) for edges where zero is not within the IQR (Gelman et al., 2013; Vehtari et al., 2021).

From	To	Median	Q25	Q75	$\hat{R}$	N_{eff}
Abnormal Perceptions	Unusual Thoughts	0.682	0.666	0.698	1.000	117250
Abnormal Perceptions	Suicidal Ideation	0.122	0.109	0.136	1.001	34382
Anxiety	Abnormal Perceptions	0.087	0.077	0.098	1.003	9133
Anxiety	Unusual Thoughts	0.111	0.100	0.122	1.003	8636
Anxiety	Concentration	0.242	0.219	0.264	1.001	13529
Anxiety	Self-Perception	0.217	0.191	0.24	1.000	64304
Anxiety	Interest	0.211	0.188	0.233	1.001	11572
Anxiety	Energy	0.152	0.136	0.167	1.002	9622
Anxiety	Psychomotor	0.33	0.308	0.351	1.003	8228
Anxiety	Hypersomnia	0.035	0.030	0.040	1.003	10117
Anxiety	Sadness	0.276	0.255	0.297	1.001	23128
Anxiety	Appetite/Weight Change	0.147	0.084	0.18	1.000	88672
Anxiety	Suicidal Ideation	0.164	0.153	0.176	1.001	17159
Anxiety	Social Negative	0.129	0.083	0.169	1.009	4881
Anxiety	Social Positive	0.052	0.038	0.071	1.003	6234
Anxiety	Functioning	0.354	0.334	0.374	1.001	18917
Concentration	Suicidal Ideation	0.077	0.034	0.093	1.002	5182
Concentration	Functioning	0.237	0.152	0.267	1.002	5833
Energy	Unusual Thoughts	0.017	0.009	0.025	1.002	5606
Energy	Hypersomnia	0.238	0.217	0.259	1.000	151980
Energy	Appetite/Weight Change	0.139	0.115	0.162	1.000	73569
Energy	Suicidal Ideation	0.082	0.058	0.100	1.003	5955
Energy	Functioning	0.281	0.257	0.308	1.003	7750
Functioning	Suicidal Ideation	0.203	0.182	0.223	1.000	159830
Insomnia	Anxiety	0.177	0.153	0.199	1.008	5713
Insomnia	Abnormal Perceptions	0.160	0.131	0.183	1.006	8629
Insomnia	Unusual Thoughts	0.127	0.106	0.144	1.007	7478
Insomnia	Concentration	0.084	0.069	0.098	1.007	4897
Insomnia	Self-Perception	0.058	0.049	0.067	1.008	5688
Insomnia	Interest	0.088	0.071	0.104	1.008	4081
Insomnia	Energy	0.086	0.074	0.096	1.009	4646
Insomnia	Psychomotor	0.173	0.129	0.199	1.007	7326
Insomnia	Hypersomnia	-0.080	-0.107	-0.03	1.000	130165
Insomnia	Sadness	0.079	0.068	0.088	1.009	5067
Insomnia	Appetite/Weight Change	0.055	0.043	0.067	1.003	17131
Insomnia	Suicidal Ideation	0.078	0.067	0.087	1.009	4963
Insomnia	Unrefreshed Sleep	0.173	0.151	0.195	1.010	5300

Insomnia	Social Negative	0.038	0.027	0.054	1.008	7510
Insomnia	Social Positive	0.134	0.082	0.16	1.003	9718
Insomnia	Functioning	0.102	0.090	0.113	1.009	4528
Interest	Abnormal Perceptions	0.026	0.007	0.038	1.003	6352
Interest	Unusual Thoughts	0.043	0.029	0.056	1.003	5991
Interest	Self-Perception	0.174	0.150	0.196	1.001	21473
Interest	Energy	0.357	0.329	0.384	1.003	4960
Interest	Psychomotor	0.113	0.036	0.157	1.003	5809
Interest	Hypersomnia	0.084	0.073	0.095	1.003	5869
Interest	Sadness	0.208	0.182	0.231	1.002	7515
Interest	Appetite/Weight Change	0.059	0.046	0.072	1.002	7773
Interest	Suicidal Ideation	0.141	0.124	0.162	1.003	7444
Interest	Functioning	0.360	0.336	0.382	1.002	6535
Psychomotor	Abnormal Perceptions	0.238	0.216	0.259	1.003	7693
Psychomotor	Unusual Thoughts	0.183	0.159	0.227	1.002	10879
Psychomotor	Self-Perception	0.023	0.010	0.035	1.005	7095
Psychomotor	Energy	0.139	0.081	0.177	1.004	5323
Psychomotor	Hypersomnia	0.032	0.018	0.042	1.004	5677
Psychomotor	Appetite/Weight Change	0.099	0.051	0.157	1.000	63877
Psychomotor	Suicidal Ideation	0.053	0.039	0.067	1.005	6044
Psychomotor	Functioning	0.068	0.028	0.093	1.004	7075
Sadness	Unusual Thoughts	0.114	0.099	0.130	1.001	17509
Sadness	Self-Perception	0.215	0.189	0.239	1.001	17375
Sadness	Suicidal Ideation	0.304	0.284	0.324	1.000	82545
Sadness	Functioning	0.219	0.198	0.241	1.000	19690
Social Negative	Suicidal Ideation	0.048	0.032	0.071	1.008	4755
Social Negative	Social Positive	0.235	0.211	0.257	1.001	17049
Social Positive	Suicidal Ideation	0.161	0.136	0.186	1.003	9418
Trauma Event	Anxiety	0.394	0.351	0.436	1.000	101751
Trauma Event	Abnormal Perceptions	0.502	0.463	0.542	1.000	82411
Trauma Event	Unusual Thoughts	0.372	0.342	0.403	1.000	67168
Trauma Event	Insomnia	0.358	0.315	0.400	1.002	26355
Trauma Event	Concentration	0.124	0.106	0.143	1.001	10565
Trauma Event	Self-Perception	0.127	0.109	0.145	1.001	26939
Trauma Event	Interest	0.110	0.092	0.127	1.005	6098
Trauma Event	Energy	0.087	0.075	0.099	1.003	7666
Trauma Event	Psychomotor	0.188	0.164	0.212	1.002	9958
Trauma Event	Sadness	0.128	0.111	0.147	1.002	15937
Trauma Event	Appetite/Weight Change	0.273	0.165	0.33	1.000	116029
Trauma Event	Suicidal Ideation	0.146	0.133	0.161	1.002	17762
Trauma Event	Unrefreshed Sleep	0.061	0.05	0.072	1.007	7333
Trauma Event	Social Negative	0.358	0.308	0.404	1.002	13968

Trauma Event	Social Positive	0.129	0.105	0.15	1.002	11723
Trauma Event	Functioning	0.162	0.143	0.181	1.002	17583
Unrefreshed Sleep	Anxiety	0.135	0.113	0.157	1.001	28411
Unrefreshed Sleep	Abnormal Perceptions	0.023	0.018	0.028	1.004	7374
Unrefreshed Sleep	Unusual Thoughts	0.048	0.039	0.058	1.000	44089
Unrefreshed Sleep	Concentration	0.153	0.103	0.182	1.001	8043
Unrefreshed Sleep	Self-Perception	0.083	0.071	0.094	1.000	61794
Unrefreshed Sleep	Interest	0.206	0.183	0.227	1.000	28785
Unrefreshed Sleep	Energy	0.242	0.222	0.263	1.000	84811
Unrefreshed Sleep	Psychomotor	0.090	0.074	0.105	1.003	9592
Unrefreshed Sleep	Hypersomnia	0.057	0.05	0.064	1.000	111956
Unrefreshed Sleep	Sadness	0.184	0.15	0.208	1.000	58130
Unrefreshed Sleep	Appetite/Weight Change	0.054	0.045	0.062	1.000	45072
Unrefreshed Sleep	Suicidal Ideation	0.094	0.081	0.105	1.000	27941
Unrefreshed Sleep	Social Negative	0.024	0.018	0.031	1.001	12400
Unrefreshed Sleep	Social Positive	0.010	0.005	0.055	1.010	3219
Unrefreshed Sleep	Functioning	0.187	0.171	0.203	1.000	33971
Unusual Thoughts	Suicidal Ideation	0.177	0.158	0.196	1.000	59206

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