**Supplementary material: Predictor models for each diagnostic category**

When we repeated the binary logistic regression analyses in each of the diagnostic groups, we found that the model predicted “response” with higher accuracy. For instance, when applied to the affective disorder group, the model (*X2*(9)= 38.76, R2 Nalgelkerke = 0.628, p<0.001) predicted “response” with 86.9% accuracy and correctly classified 89.7% of ‘good responder’ patients and 84.4% of those with ‘poor response’; where only baseline BPRS severity emerged a significant predictor (OR = 1.423; 95% CI 1.148–1.763; p =0.001).

For the bipolar disorder patients’ group, the model (*X2*(9)= 35.43, R2 Nalgelkerke = 0.561, p<0.001) predicted “response” with 81.5% accuracy and correctly classified 83.9% of ‘good responder’ patients and 79.4% of those with ‘poor response’; and gender (OR = 4.937; 95% CI 0.860–28.339; p =0.073) and civil status (OR = 0.186; 95% CI 0.028–1.215; p =0.079) maintained a trend towards significance as predictors.

And finally, for the Non-affective psychosis group, the model (*X2*(9)= 19.10, R2 Nalgelkerke = 0.323, p=0.024) predicted “response” with 78.3% accuracy and correctly classified 81.1% of ‘good responder’ patients and 75.0% of those with ‘poor response’; where only baseline CGI (OR = 3.348; 95% CI 1.301–8.614; p =0.012) emerged as a significant predictor, and baseline BPRS (OR = 1.119; 95% CI 0.999–1.252; p =0.051) and duration of hospitalization (OR = 0.936; 95% CI 0.869–1.008; p =0.080) maintained a trend towards association as predictors.