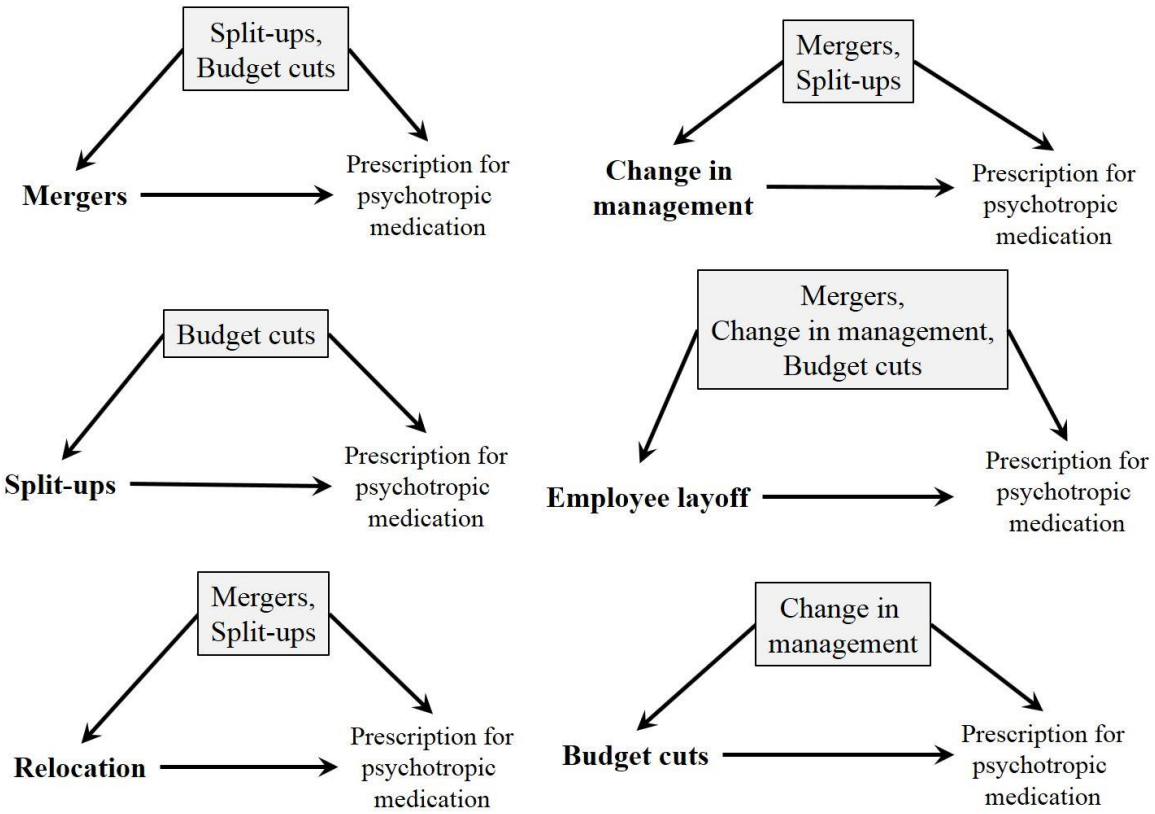
Supplementary material 1. *Co-occurring types of organisational changes at the employee-level among the study population* (*N*=15 038).

	Employees, *N*	Mergers, %	Split-ups, %	Relocation, %	Change in management, %	Employee layoff, %	Budget cuts, %
Any changes	8242	31	12	22	46	39	29
Mergers	2560		20	41	53	28	25
Split-ups	956	54		46	55	31	21
Relocation	1872	56	23		46	27	17
Change in management	3781	36	14	23		28	22
Employee layoff	3204	22	9	16	33		45
Budget cuts	2401	27	8	13	35	45	

Table should be read horizontally.

Supplementary material 2. *Association between work-unit organisational changes and prescriptions for psychotropic medication confounded by other types of changes.*



Supplementary material 3. *Four-step sequential modelling strategy used to assess confounding and variation in psychotropic prescriptions explained by the work-unit level.*

Model 1 (null): A model with a random-part intercept for the work-unit level to assess the variation in psychotropic prescriptions explained by any work-unit-level factors.
Model 2 (crude): As model 1, but entering an indicator of work-unit organisational changes in the fixed part to assess the crude association with psychotropic prescriptions for later comparison.
Model 3 (adjusted): As model 2, but adjusting for all employee-level covariates and number of employees within each work unit to assess confounding and the association between any organisational changes and psychotropic prescriptions conditioned on these covariates.
Model 4 (additionally adjusted for other changes): As model 3, but entering other relevant work-unit changes as covariates to assess the fully adjusted association between each type of change and psychotropic prescriptions relative to no change.

Supplementary material 4. *Additive and multiplicative interaction analyses.*

Differential effects of any changes on psychotropic prescriptions due to sex were evaluated with additive (i.e., combined effects) and multiplicative interaction analyses in terms of absolute and relative risk, respectively.
For additive interaction analysis, a new composite variable with three categories (a^-b^+, a^+b^-, and a^+b^+) were created for any change (a; no: $^-$, yes: $^+$) and sex (b; male: $^-$, female: $^+$). As recommended for survival models, we calculated the synergy index (S) for the combined effect of any changes and female using the following formula:

$$S = \frac{HR(a^+b^+)-1}{(HR(a^+b^-)-1)+(HR(a^-b^+)-1)}.$$

We estimated *S* for any changes and females since we were unable to calculate 95% CI to *S* for any changes and males. Given $S \neq 1$, *S* reflects the presence of additive interaction of both risk factors (any change and female) relative to both exposures *without* their additive interaction (de Mutsert et al., *Kidney Int*, 2009). We calculated 95% CIs as proposed by Andersson and colleagues (*Eur J Epidemiol*, 2005).

For multiplicative interaction analysis, differential effects of any changes on prescriptions for sex were evaluated by including an interaction term between indicator variables of any change and male in the regression model adjusted for the separate main effects of change and sex.

Supplementary material 5. *Hazard ratio (HR) and 95% confidence intervals (CI) for prescription of psychotropic medication in 2014 for females and males according to exposure to any organisational changes through 2013.*

	Male employees			**Female employees**		
	n	HR	95% CI	*n*	HR	95% CI
No changes	1588	1.00		5208	1.10	0.90-1.34
Any changes	1943	1.10	0.88-1.36	6299	1.26	1.01-1.48