

# Supplement 1: Deviations from protocol

## Regarding interventions

- For several months, during the first temporal half of the RCT, the general practitioners (GP) did not receive a conclusion note from the mental health assessment. This procedure was implemented with the intention to improve GP treatment, in all three intervention groups.
- Roundtable meetings in the INT group meetings were conducted later in the care manager course than planned.
- In general, the average of cognitive behavioural therapy session numbers was lower than planned per protocol.

## Regarding statistical analyses

- We draw conclusions prior to unblinding, but thereafter we discovered an error in calculation of the weekly vocational status. Followingly, all analyses were performed again, and conclusions drawn once again. The erroneous results and conclusions drawn hereupon, can be obtained from corresponding author.
- We did not describe any censoring principles regarding the outcomes “proportion in work” and chose to apply the principles describes regarding the primary outcome.
- Before publication of statistical analysis plan, *and before unblinding*, complete case-analyses of the four secondary outcome measures were performed as preliminary, blinded results (using ANOVA to calculate estimated marginal mean differences between groups). These results were discarded, since it did not adhere to the original plan of using linear mixed effects model at multiple imputed datasets.
- We discovered a discrepancy between statistical analysis plan and the published study design article, describing the protocol: both described that salary was a criteria for return to work, but the study design article described return to work as a period “with no concurrent vocational benefits”, whereas the statistical analysis plan said “with no sick leave benefit”, the latter only implying that any other vocational benefits than sick leave benefits along with salary could constitute return to work. We chose the definition from the study design article.
- In the statistical analysis plan we planned statistical assumption control of proportional hazards in cox-regression, and that we would alternatively adjust for different kinds of interactions between time and group assignment. Only if the primary analysis would point to a difference, and hence null-hypothesis rejection, this applied – not in cases were no difference was seen.
- The statistical analysis plan did not mention Kaplan-Meier curves, but study design article did – we obeyed the latter.
- We discarded the outcome *time from the first day of return to work until recurrent sick leave*, since we realized that this time would not consistently reflect a positive outcome
- Neither the statistical analysis plan nor the study design article mentioned presenting a proportion per time-curve, as shown in Figure 2, right graph. Post-hoc we decided that this could benefit exploring patterns of recurrent sick leave we intended studying by the outcome mentioned in 5), justifying this display.