**Table S1. VMS Screening Instrument for Geriatric Syndromes, as used in this Study**

**VMS-instrument**

**Delirium** (Yes = 1, No = 0)

1. Do you have memory problems?

2. Did you need help with daily self-care in the last 24 hours?

3. Were there periods in which you were confused, during previous hospitalization or illness?

**≥** **1 point:** elevated risk for delirium

**Falls**

4. Have you fallen in the last 6 months?

**Yes**: elevated fall risk

**Physical impairment**

Do you need help with (Yes = 1, No = 0):

5. Bathing

6. Dressing

7. Toileting

8. Transferring from/to chair

9. Feeding

10. Do you use incontinence material?

**≥ 2 points:** elevated risk for physical impairment

**Malnutrition**

11. Have you lost weight unintentionally?

More than 3 kg in the last month (Yes = 3, No = 0)

More than 6 kg in the last 6 months (Yes = 2, No = 0)

12. Did you experience a decreased appetite over the last month? (Yes = 1, No = 0)

13. Did you use supplemental drinks or tube feeding over the last month? (Yes = 1, No = 0)

**≥ 2 points:** elevated risk for malnutrition

**Table S2.** **Binary Logistic Regression of Risk of Geriatric Syndromes in Mental Health Care, compared to General Hospital patients, (N = 865), corrected for age and gender**

 B OR 95% CI P

Fall risk .56 1.75 1.18, 2.57 < .001

Malnutrition risk 1.42 4.12 2.67, 6.36 < .001

Physical impairments .31 1.36 .90, 2.07 .14

Delirium risk 1.86 6.45 4.23, 9.85 < .001

Abbreviations: B = Beta , OR = odds ratio, 95% CI = 95% confidence interval, P = p-value