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Response to email of editor-in-chief

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Response to email of editor-in-chief: JPM-19-0163 titled Oral health experiences and needs amongst young adults after a first episode psychosis

Dear Editor,

In this short contribution, we respond to the questions asked by a reader about our paper: "Oral health experiences and needs among young adults after a first-episode psychosis: a phenomenological study" (Kuipers, Castelein, Malda, Kronenberg, & Boonstra, 2018).

The first question was focused on the methodology used in our study. From the different methodologies possible in phenomenological research, we selected Colaizzi as inspiration for our research (Colaizzi, 1978a; Sossa, 2012). Colaizzi's method is commonly adopted by nurse researchers who employ a phenomenological method. The added value of this method is the final step where the researcher returns to the participants asking whether the descriptive results compare with their experiences. Other phenomenological-hermeneutic approaches like Parse, as suggested by the reader, would have been an alternative option (Dowling, 2007; Parse, 1992).

Reflexivity entails self-awareness, which means being actively involved in the research process. To reduce the risk of researcher bias influencing reflexivity, we employed several techniques: (a) based on descriptive phenomenology according to Husserl (Christensen, Welch, & Barr, 2017; Dowling, 2007), we created reflective log files to bracket an epoche meaning to refrain from judgement; (b) reflective log files were meticulously kept, utilizing reflexivity and the active forward-backward process during the whole research process; (c) students were trained and actively encouraged to apply the iterative process of constant self-monitoring for changes within oneself; and (d) during supervision, recorded interviews were played back and the supervisor offered feedback for the next interview.

Another question of the reader centred on an apparent contradiction between our introduction and conclusions. Specifically, the reader notes that we mention in our introduction that there is no literature about oral health in first episode psychosis (FEP), yet list "new" literature in the discussion. There is, however, no contradiction: in the introduction, we are specifically discussing oral health in the specific context of first episode psychosis. In a discussion, a broader focus is always needed. To our knowledge, there was (and still is) no research known on oral health in patients after FEP. Therefore, we elaborated more on oral health outside mental health and on evidence-based interventions in general to prevent poor oral health.

Furthermore, our participants reported several risk factors for bad oral health (e.g., negative symptoms), so we described these specific risk factors in more detail in the discussion.

The reader notes that "at least" three interviewers interviewed participants and students might have been inexperienced. We can reassure the reader that we have high standards in collecting the data and training of our students. Participants, especially people suffering from psychosis, have to feel at ease during the interview. To create a comfortable atmosphere, all participants were interviewed by a maximum of two interviewers (student and supervisor). Of note, all students in our study had experience in working with our patient group, were trained to do interviews in-depth and were offered constant guidance by two supervisors. Utilizing two supervisors further ensured the quality of the data. In addition, all participants reported feeling at ease during the interviews.

Sincerely,

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