**Supplementary Appendix A: Qualitative Interview/Focus Group Guides**

These interview/focus group guides were adapted from a template created by Dr. A. Ka Tat Tsang (Tsang, 2008) and modified by Dr. A Cuperfain et al. (Cuperfain et al., 2021).

* 1. **Client version**

**Study title: Sexual health for women with first episode psychosis**

**Qualitative Interview Guide - Client Version**

1. **Venue:** Interviews will be conducted in private offices at CAMH and CMHA. The location and time will be discussed prior to the meeting, and selected in order to be convenient for the participant.
2. **Duration:** As long as it takes for the participants to complete their stories, although we try not to go over an hour. If the participant is tired, let them take a break. Use your discretion if it is better to go back a second time to continue the interview.
3. **Procedures**:
   1. **Set Up:**
      1. Introduce yourself and the purpose of the interview, e.g., “I am a researcher/research assistant/summer student working on a study of people who are receiving care at CAMH/CMHA in the first episode psychosis program. The purpose of our research study is to explore the sexual health experiences and needs of young women and individuals of diverse gender identities with psychotic illnesses.”
      2. Explain the key content in the consent form (e.g., confidentiality and anonymity, the participant’s right to withdraw and to delete data).
      3. Explain the need for audio-recording and obtain approval from the participant. [Remember to bring your recorder and to check it for proper functioning, including sufficient battery life, memory space for recording].   
         When the audio-recorder is turned on, state “For the purpose of the recording, I would like to state that today is *(date)* and this is my *(time)* interview with *(participant number).*”
      4. Obtain written consent. If the participant can't read or write, seek the participant's approval to start recording, read out the consent form and provide explanation if necessary, then obtain the participant's verbal consent, make sure that you record the whole process.

**B. BACKGROUND INFORMATION**

1. The purpose of this is to obtain some key background information (sexuality, gender, culture, religion, length of time in program) that will help put the rest of the interview into context.   
   Explain this to the participant, for example by saying “Thank you for giving us the time to do this interview with you. I am going to begin by asking you a few short questions about your background before getting into the interview” then proceed with questions:  
   -How old are you?  
   -How long have you been in the CAMH/CMHA program?  
   -Are you currently in a relationship? When was your most recent relationship?

-How do you identify with respect to your sexuality? And your gender identity?

-How you identify with respect to ethnicity, race, and culture? Do you identify as a part of any religious group?

**C. OPEN EXPLORATION:**

* + 1. Start the conversation with a brief prompt, e.g., you may repeat the purpose of the research and invite the participant to share her experience, the following are examples of what you may want to say to the participant:

The main purpose of this interview is to understand the sexual health needs and experiences of young people with first episode psychosis. This includes broad topics related to sexual health including romantic and sexual relationships, sexuality, and reproductive health like contraception and pregnancy, etc. We are most interested in your personal experience. You can start with whatever you want to talk about first (if participants asked what they should start with).

ii. The main purpose of this part of the interview is to allow the participants to express themselves as freely as possible, this can be achieved by keeping in mind that:

**1)** The participant decides what is important to them, so let them talk about whatever they want to as much as possible. That means we DO NOT control the agenda rigidly, but try to allow maximum narrative space. You may also want to make sure that you do not interrupt the participant or cut them off.

**2)** Each individual has their own idea of what is relevant to the research question. You should let them talk even though you may find what he/she says is irrelevant, unless the speech is obviously cyclical or incoherent. You may, however, repeat the research question at times to remind.

**3)** Respect the participant’s language by using their expression and their wordings as closely as possible, this will avoid unnecessary (mis)interpretation and narrative conditioning on our part.

**4)** Use more prompts and invitations, and use fewer questions; e.g. invite them to elaborate on or explain about, or give examples for a topic or an experience that they have mentioned. A question-and-answer format tends to put the participant in a passive mode, and severely compromises the opportunity for the participant to volunteer information which is not on your list of questions, therefore defeating the very purpose of ethnographic or discovery-oriented interviewing. If you need to ask questions, ask open-ended and not close-ended questions. Ask specific questions only when you have collected enough information from a topic and need to know the specific details.

**5)** Summarizing what the participant has said can let them know that you've been listening, and help to build a good rapport. This is also helpful when you want to shift the conversation to another topic - make a summary first and smoothly change the topic. Try to be brief with summaries, for long summaries might turn people off.

**6)** The purpose of this interview is to explore and discover, **NOT** to solve problems, provide therapy/counseling, or offer help. If you think the participant is not receiving the service they need, you can make necessary referrals after the completion of the interview.

**7)** Pay attention to “free information” (content not required by your question or request, given to you freely). The participant offers these as they respond to your prompts and questions, these are often things that the participant want to talk more about

1. Please try to jot detail notes during the interview. This will help you to keep track of what has been said and to make summary. Please also note down your impressions, and the participant's non-verbal behaviors whenever possible. These notes can be especially valuable in the unlikely event of recording failure.
2. When you think the open exploration part has been completed, try to summarize the main points of the conversation and ask the participant if they have anything more to add. If not, thank them for sharing. Then prepare them for the structured exploration part by saying something like, “In the remaining time, I am going to ask you some further questions.”

**D. STRUCTURED INQUIRY**

* + 1. The purpose of structured inquiry is to focus on specific areas or issues we are interested in, but have not been addressed by the participant in the Open Exploration section. It is hoped that by this time, you would have established a good relationship with the participant and they might be more ready to talk about these topics
    2. Before we ask the questions, note if any of them had already been answered during the Open Exploration. Ask only those that have not been addressed. Asking the question again will make the participant feel that we have not been paying attention.

**Topics for exploration**

**1)** a) Can you tell me about yourself?

b) Who are the important people in your life?

**2)** a) Have you ever been in a romantic or sexual relationship?

b) What have your romantic or sexual relationships been like?

c) How have your romantic/sexual relationships been impacted by your mental health problems?

d) How has your sexual health been impacted by your psychotic illness?

**3)** a) Are there any other factors such as cultural factors, or factors related to your gender identity or sexuality, that have affected your sexual health?

b) If so, how have they affected your sexual health?

**4)** a) Do you take psychiatric medication?

b) If so, how has your medication impacted your sexuality? Have you talked to anyone about this?

**5)** a) Who do you normally talk to about your sexual health?

b) What gets in the way of talking to people about your sexual health?

c) Are there any health providers you speak to about your sexual health?

d) How about your psychiatrist or case manager at CAMH/CMHA?

**6)** a) What are your experiences accessing sexual health care?

b) Can you tell me about the current sexual health services you access, if any? [if no answer, can prompt client as to whether they go to a sexual health clinic, see their family doctor, etc.]

c) As a woman experiencing your first episode of psychosis, are there any things that make it easy or hard for you to access the sexual health care that you need?

d) Have any factors related to your race, ethnicity, culture, gender identity, or sexuality impacted your experiences accessing sexual health care?

7) Where do you currently get sexual health information?

**8)** a) What are your future plans with respect to your reproductive health, for example plans regarding having children?

b) How has your psychiatric illness changed these plans? c) What information do you feel like you are missing in order to make an informed plan?

**9)** Have you had a psychiatric hospitalization? If so, were there any ways in which that impacted your sexual health or relationships?

**10)** a) If you have a partner/or have had one during your first episode psychosis treatment, were they involved in your care?

b) Would you like them to be involved in your care? If yes -> in what ways?

**11)** What advice would you have for clinicians to better provide sexual health education and information for women experiencing their first episode of psychosis?

**12)** a) In a perfect world, what would kind of sexual health program would you like to see offered for women experiencing their first episode of psychosis?

b) Would you like to see sexual health education or sexual health care as part of your care at CMHA/CAMH? Why or why not?

c) If sexual health care was part of the care at CMHA/CAMH, what would you like it to look like?

d) What sort of topics would you like to see it address?

**13)** Finally, I would like to ask hear your thoughts on some of the specific ways in which sexual health care could be integrated.

a) For sexual health education, do you think it should be done one on one versus group-based? Online versus in person? Interactive versus being taught?

b) For sexual health care like screening for STIs, should it be done at the mental health clinic with a sexual health nurse or doctor coming to CAMH/CMHA, or would you prefer go to a separate clinic for this?

**SENSITIZING CONCEPTS**

*If the participant introduces the following concepts, the interviewer will ask open-ended clarifying and exploratory questions pertaining to that topic.*

1. Stigma (self-stigma, by healthcare providers, potential partners, and others)
2. Impact of trauma
3. Changing sexuality as psychotic symptoms fluctuate
4. Challenges with romantic relationships
5. Impact of medications on sexuality
6. Impacts of discrimination and racism

*Ways in which to ask follow up questions about sensitizing topics (probes and clarification):*

1. Can you tell me more about that (person, event)?
2. Can you give me a specific example?
3. Can you explain your answer?
4. In what way?
5. How did you understand that?
6. What does that mean to you?

**E. ENDING THE INTERVIEW**

*Wrap up questions*

1. Do you have anything to add?
2. Is there anything I should have asked?
3. How did the interview feel for you?
4. Is there anything that surprised you?
5. How are you feeling now?
6. Finish the interview by stating   
   “Thanks for your time today. If we have any follow up questions, may we contact you again? What’s the best way to reach you?”
   1. **Clinician Version**

**Study title: Sexual health for women with first episode psychosis**

**Focus Group Guide – Clinician Version**

1. **Venue:** Focus groups will be conducted in private rooms at CAMH, CMHA, and WCH. The location and time will be discussed prior to the meeting, and selected in order to be convenient for the participants.
2. **Duration:** Focus groups will last 20-60 minutes.
3. **Number of research staff:** Each focus group will have at least two members of the research team. One (or more) to facilitate the group, and one (or more) for note taking.
4. **Number of participants:** Each focus group will have between 4-8 clinicians. If fewer than 4 participants are available at one time, we will conduct 30-minute individual interviews with that group instead, using the same structure.
5. **Procedures**:
   1. **Set Up:**
      1. Introduce yourself and the purpose of the focus group, e.g., “I am a researcher/research assistant/summer student working on a study of people who are receiving care at CAMH/CMHA in the first episode psychosis program. The purpose of our research study is to explore the sexual health experiences and needs of young women with psychotic illnesses.”
      2. Review the key content in the consent form (e.g., confidentiality and anonymity, the participant’s right to withdraw and to delete data) and offer to answer any questions the participant may have. Check to ensure all participants have signed consent forms (and if any participant has not yet signed consent, obtain written consent).
      3. Explain the need for audio-recording and obtain approval from all participants. [Remember to bring your recorder and to check it for proper functioning, including sufficient battery life, memory space for recording].   
         When the audio-recorder is turned on, state “For the purpose of the recording, I would like to state that today is *(date)* and this is my *(time)* focus group with *(focus group ID).*”
      4. Review confidentiality as it pertains to the group setting. “As it is important that everyone feels comfortable to speak openly, we ask that you respect the privacy of your fellow focus group members. We ask that you not share anything that was shared outside this group.”

**B. BACKGROUND INFORMATION**

1. The purpose of this is to obtain some key background information (sexuality, gender, culture, religion, length of time in program) that will help put the rest of the focus group into context.   
   Explain this to the participant, for example by saying “Thank you for giving us the time to do this focus group with you. I am going to begin by asking you each to share a bit about your background in order before getting into the focus group. Could each of you please share your clinical role and how long you have been in this role”

**C. OPEN EXPLORATION**

* + 1. Start the conversation by thanking the participants for agreeing to participate in the interview and by repeating the purpose of the research:

“Thank you for taking the time to attend this focus group. The main purpose of this focus group is to understand the sexual health needs and experiences of young women with first episode psychosis. We are most interested in your personal experience as a care provider.”

* + 1. The main purpose of this part of the focus group is to allow the participants to express themselves as freely as possible, this can be achieved by keeping in mind that:

**1)** The participants decide what is important to them, so let them talk about whatever they want to as much as possible. That means we DO NOT control the agenda rigidly, but try to allow maximum narrative space. You may also want to make sure that you do not interrupt participants or cut them off.

**2)** Each individual has their own idea of what is relevant to the research question. You should let them talk even though you may find what they say is irrelevant, unless the speech is obviously cyclical or incoherent. You may, however, repeat the research question at times to remind.

**3)** Respect the participants’ language by using their expression and their wordings as closely as possible, this will avoid unnecessary (mis)interpretation and narrative conditioning on our part.

**4)** Use more prompts and invitations, and use fewer questions; e.g. invite them to elaborate on or explain about, or give examples for a topic or an experience that they have mentioned. A question-and-answer format tends to put the participants in a passive mode, and severely compromises the opportunity for the participant to volunteer information which is not on your list of questions, therefore defeating the very purpose of ethnographic or discovery-oriented interviewing. If you need to ask questions, ask open-ended and not close-ended questions. Ask specific questions only when you have collected enough information from a topic and need to know the specific details.

**5)** Summarizing what the participants has said can let them know that you've been listening, and help to build a good rapport. This is also helpful when you want to shift the conversation to another topic - make a summary first and smoothly change the topic. Try to be brief with summaries, for long summaries might turn people off.

**6)** The purpose of this focus group is to explore and discover, **NOT** to solve problems, provide therapy/counseling, or offer help.

**7)** Pay attention to “free information” (content not required by your question or request, given to you freely). The participants offers these as they respond to your prompts and questions, these are often things that the participant want to talk more about.

**8)** If one person is dominating the interview, invite others to share. Use questions such as:  
-Does anyone who hasn’t spoken yet have anything they wish to share?  
-What do others think about what \_\_\_\_ is saying?

1. The individual tasked with recording should try to jot detail notes during the focus group, this will help you to keep track of what has been said and to make summary. Please also note down your impressions, and the participant's non-verbal behaviors whenever possible. These notes can be especially valuable in the unlikely event of recording failure.
2. When you think the open exploration part has been completed, try to summarize the main points of the conversation and ask all participants if they have anything more to add. If not, thank them for sharing, then introduce the structured inquiry.

**C. STRUCTURED INQUIRY:**

i. The purpose of structured inquiry is to focus on specific areas or issues we are interested in. Before you ask a question, note if any of them had already been answered. Ask only those that have not been addressed. Asking the question again will make the participant feel that we have not been paying attention.

**Topics for exploration**

1. Are there any things that make it hard or easy for women with FEP to access the sexual health care that they need?
2. What gets in the way of clients talking to their clinicians about sexual health? What makes it easy for clients to talk to their clinician about sexual health?
3. Can you tell me about times when you had to talk to a woman with FEP about their sexual health or provide sexual health care to them?
4. a. How have the romantic/sexual relationships of your clients been impacted by their psychotic illness?

b. How has the sexual health of your clients been impacted by their psychotic illness?

c. How has the reproductive health of your clients been impacted by their psychotic illness?

1. Are there any other factors such as cultural factors, or factors related to their gender identity or sexuality, that can affect the sexual health of the women your care for with FEP?
2. What information/training do you feel like you are missing in order to be able to provide better sexual health education and information for women with FEP?
3. a) In a perfect world, what would kind of sexual health program would you like to see offered for women with FEP?  
   b) Do you think sexual health care should be integrated with first episode psychosis clinics? Why or why not?  
   c) If sexual health care was part of a FEP pathway, what would you like it to look like?
4. Finally, I would like to ask hear your thoughts on some of the specific ways in which sexual health could be integrated.   
   a) For education, should it be offered one on one versus group-based education? Online versus in person education? Interactive versus didactic.  
   b) For care (e.g. STI testing, etc), should it be offered at the FEP clinic or externally?

**SENSITIZING CONCEPTS**

*If the participant introduces the following concepts, the facilitator will ask open-ended clarifying and exploratory questions pertaining to that topic.*

1. Stigma (self-stigma, by healthcare providers, potential partners, and others)
2. Impact of trauma
3. Changing sexuality as psychotic symptoms fluctuate
4. Challenges with romantic relationships
5. Impact of medications on sexuality

*Ways in which to ask follow up questions about sensitizing topics (probes and clarification):*

1. Can you tell me more about that (person, event)?
2. Can you give me a specific example?
3. Can you explain your answer?
4. In what way?
5. How did you understand that?
6. What does that mean to you?

**E. ENDING THE FOCUS GROUP**

*Wrap up questions*

1. Do you have anything to add?
2. Is there anything I should have asked?
3. How did the interview feel for you?
4. Is there anything that surprised you?
5. How are you feeling now?

Finish the interview by stating   
“Thanks for your time today. If we have any follow up questions, may we contact you again? Could you each please write down the best way to contact you?”