

MyHEARTSMAP COVID-19 Study Assent Form

Please review the assent form below.

Thank you!

Child age:

- 10-13 years
 14-17 years
-

PARTICIPANT ASSENT FORM

Children aged 10-13 years

Study Title: MyHEARTSMAP Self-Screening during the COVID-19 Pandemic

1. Invitation

I am being invited to take part of a research study. A research study tries to find better ways to help children. It is up to me if I want to be in this study. No one will make me be part of the study. Even if I agree now to be part of the study, I can change my mind later. No one will get mad at me if I don't want to be a part of this study.

2. Why Are We Doing This Study?

During the COVID-19 pandemic, a lot of things have changed in our lives and community. Schools and have mostly closed, many people have to stay at home, and can't see all of their friends and family. Some children may struggle with their mental health during these times. They might have negative feelings like sadness, worry, fear, or anger that won't go away. These feelings might feel overwhelming or make it hard to participate in daily activities.

Researchers at the BC Children's Hospital have created an online tool called MyHEARTSMAP. MyHEARTSMAP can be filled in by children and their parents to answer questions such as about their school, friends, and family, to learn more about their mental health. The MyHEARTSMAP tool can also help point children and teens to the right resources to get help if they need it.

The study team now wants to use this tool to see how children and teens are feeling during the COVID-19 pandemic. This can help doctors and nurses provide better support for children and teens struggling with their mental health.

3. What Will Happen in This Study?

My parent and I can both participate and fill out MyHEARTSMAP separately, or only one of us can fill it out. It is up to us to decide if we both want to participate in this study.

If I choose to be in this study, my parents or I will answer some questions about me, like my sex, gender, race, and sexual orientation (all optional). We will also provide information about my school and family, including my health and mental health status before the pandemic, the kind of schooling I receive, whether any of my family members are essential workers, and if COVID-19 has affected the health of any of my family members. My parent's email address, phone number, and first three characters of our postal code will also be collected. I can provide my email address and phone number if I want to.

We will then be sent an online link to a website that has MyHEARTSMAP on it. If my parent and I both participate, we will each have our own MyHEARTSMAP to complete and we will fill out the MyHEARTSMAP questions. It will take us each about 10-15 minutes to complete the questions. Once we are sent the link, we are asked to complete MyHEARTSMAP within one week. We will receive reminders via email if we haven't completed MyHEARTSMAP by day 3 and day 7.

The MyHEARTSMAP answers will be recorded for the research team to look at.

When we are finished, the MyHEARTSMAP tool will give us each a report, which will recommend any mental health services for me and my parents to access. I can see my report on the website and download a copy for myself. I am encouraged to share my MyHEARTSMAP report with my parents.

If either my parent's or my MyHEARTSMAP report says I need help urgently for reasons of safety to myself or others, a research nurse will try to contact me first (if I provided my phone number) and then my parents to check up on me and make sure I am getting the help I need. The research nurse will only contact my parents if it is an emergency situation and they are worried about my safety or the safety of people around me. They may also have to contact emergency support services about my safety.

In 3 months, we will be asked to fill in the above information and complete MyHEARTSMAP again. If I need to get help with my mental health right away, a research nurse will try to contact me first (if I provided my phone number) and then my parents to check up on me and make sure I am getting the help I need. Same as before, the research nurse will only contact my parents if it is an emergency situation and they are worried about my safety or the safety of people around me. They may also have to contact emergency support services about my safety.

4. Who Is Doing This Study?

Dr. Quynh Doan is doing this study. Dr. Doan is a pediatrician who works in the emergency department at BC Children's Hospital. A team of other doctors, researchers, and students from the University of British Columbia are also helping with this study. They will answer any questions I have. I can also call Dr. Doan at 604-875-3691 if I am having any problems or if there is an emergency and I cannot talk to my parents.

5. Can Anything Bad Happen to Me?

There is nothing in this study that should cause anything bad to happen to me. I do not have to answer any question that makes me feel nervous or bad. There is a chance that I will feel worried by thinking about mental health struggles that I may have. If this happens, I can tell the study team and they can help me and my parents/guardians.

6. Who Will Know I Am in the Study?

Only the research team members who are involved in the study will know I am in it. When the study is finished, the study team will write a report about what was learned. This report will not say my name or that I was in the study. My parents and I do not have to tell anyone I am in the study if we don't want to.

7. When Do I Have To Decide?

I will decide if I want to be in the study after speaking with a research team member. I have also been asked to discuss my decision with my parents.

8. Signatures

If I put my name on this line, it means I agree to be in the study, and for my parent/guardian to fill out MyHEARTSMAP about me.

Study Title: Using MyHEARTSMAP during the COVID-19 Pandemic to Determine the Impact on the Psychosocial Status of Canadian Children and Youth and Inform Mental Health Resources Planning

SIGNATURE

Participant Assent

My signature on this assent form means:

- I have read and understood this adolescent information and assent form.
- I have had enough time to consider the information provided and to ask for advice if necessary.
- I have had the opportunity to ask questions and have had acceptable answers to my questions.
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific objectives.
- I understand that my participation in this study is voluntary and that I am completely free to refuse to participate or to withdraw from this study at any time without changing the quality of care that I receive.
- I understand that I can continue to ask questions, at any time, regarding my participation in the study.
- I understand that if I put my name at the end of this form, it means that I agree to be in this study.

I will receive a signed copy of this assent form for my own records.

If I put my name on this line, it means I agree to be in the study, and for my parent/guardian to fill out MyHEARTSMAP about me.

Participant Name: _____

I agree to participate in this study:

- Yes
 No