

MyHEARTSMAP COVID-19 Study Assent Form

Please review the assent form below.

Thank you!

Child age:

10-13 years

14-17 years

Adolescent Information and Assent Form
(for participants ages 14 -17)

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

1. Who is in charge of the study?

Dr. Quynh Doan, a pediatrician who works in the emergency department at BC Children's Hospital, is in charge of the study. She is being helped by a team of other doctors, researchers, and students from the University of British Columbia. They will answer any questions I have. If I am having an emergency and cannot talk to my parents or legal guardians, or if I am having any problems, I can call them at 604-875-2345 ext. 3691 for help.

2. Invitation

I am being invited to take part in this research study because I am under the age of 18 and I live in British Columbia. The following pages explain the study so that I can decide if I want to take part or not. It is up to me if I want to be in this study, and even if I agree, I can change my mind later. No one will make me be part of the study and no one will get mad at me if I don't want to be a part of this study.

3. Do I have to be in this study?

I do not have to participate in this study if I don't want to. If I choose to participate, I can stop being in it at any time. If I want to participate in this study, I will be asked to sign this form. My parent/guardian will need to sign a consent form before I am enrolled in the study; but I do not have to participate even if they sign the consent form. The researchers will not enroll me into the study unless I agree to do so.

I should take time to read the following information carefully and to talk it over with my family before I decide. I understand that I should feel free to talk to the study doctors if anything below is not clear. I can choose to be in the study, not be in the study, or take more time to decide. Even if I agree now to be part of the study, I can change my mind later. I can ask the study doctor or study coordinator any questions I may have at any time during my study participation.

4. Why are we doing this study?

During the COVID-19 pandemic, a lot of things have changed in our lives and community. Schools and businesses have mostly closed, many people have to stay at home and can't see all of their friends and family. Some children and teens 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 a survey that youth, and their parents can use to ask themselves questions about mental health, called MyHEARTSMAP. MyHEARTSMAP also tells youth and their parents about the right resources to go to if they need help with their mental health.

The study team wants to use MyHEARTSMAP to see how youth are feeling during the COVID-19 pandemic and help tell them and their parents about what mental health resources are available to them if they need help. This will also tell the study team about what mental health support resources youth need during the COVID-19 pandemic to help them plan for further mental health resources.

5. What will happen to me in this study?

My parent and I can both participate and fill it out MyHEARTSMAP separately, or only one of us can choose to 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 the study, my parents or I will answer some questions about me, like my sex, gender, race, and sexual orientation (all optional). We will also answer questions 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. If our MyHEARTSMAP self-assessments are not complete by day 8 after enrolment, the study team will contact us by phone, once per day for up to five days to confirm if we are still interested in participating.

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

When we are finished, MyHEARTSMAP 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 that 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.

Emergency situations would include concerns that require me to access crisis support lines, protective services, or go to the hospital.

If the research nurse needs to contact emergency support services, my confidentiality will be broken, but this will only be done for the purpose of ensuring my safety and the safety of those around me.

If my first MyHEARTSMAP report recommends any mental health services for a non-urgent reason, I have the option of receiving a phone call from a research nurse. The research nurse would talk to me about the mental health service, answer questions I may have, and make sure I know how to get help there if I want to.

If I choose not to receive a phone call for any mental health services for a non-urgent reason, the research nurse will only call if my or my parent's report says I need help urgently, as explained above.

Optional contact by Research Nurse if your report triggers any mild or moderation recommendations:

- Yes, I agree to be contacted by a research nurse if my if my MyHEARTSMAP report recommends any mental health services for a non-urgent reason.
- No, I do NOT want to be contacted by a research nurse if my MyHEARTSMAP report recommends any mental health services for a non-urgent reason

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 again 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.

6. Can anything bad happen to me?

There is nothing in this study that should cause anything physically bad to happen to me. I do not have to answer any questions that make me uncomfortable. 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.

7. Who will know I am in this study?

Only the research team members who are involved in the study will know I am in it. During the study, my information will be kept in a very safe place, and instead of using my name the study team will give me a study number to protect my identity. When the study is finished, the study team will write a report about what was learned. This report will not use my name or say that I was in the study. My name will only ever be shared outside of the study if a law makes the study team share it. My parents and I do not have to tell anyone I am in the study if we don't want to.

8. What will the study cost me?

If I choose to participate, it will not cost me anything.

9. Who do I contact if I have questions about the study during my participation?

If I have any questions or desire further information about this study before or during participation, or if I experience any side effects that were not outlined in this assent form, I can contact Dr. Quynh Doan or the study coordinator at myheartsmap@bcchr.ca.

10. Who do I contact if I have any questions or concerns about my rights as a participant?

If I have any concerns or complaints about my rights as a research participant and/or my experiences while participating in this study, I should contact the Project Research Participant Complaint Line in the UBC Office of Research

Ethics at 604-822-8598 or if long distance e-mail to RSIL@ors.ubc.ca. Please reference the study number (H20-01658) when contacting the Complaint Line so the staff can better assist you.

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