



Approval Date: September 16, 2019
Approved Consent Version No.: 2
PI Name: Holly Wilcox
IRB No. 00009325

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
PARENT PERMISSION FORM**

Principal Investigator: Holly C. Wilcox, PhD

624 North Broadway, Room 801

Baltimore, MD 21205

Study Title: Study of Teen Mental Health First Aid for US High School Students

IRB No.: IRB00009325

Sponsor/Supporter/Funded By: The National Council for Behavioral Health

PI Version Date: September 20th, 2019

Key Information about the Study.

We are asking you to provide permission for your child to participate in a research study. The goal of the research is to understand the impact of the teen Mental Health First Aid (tMHFA) program.

Your child is eligible for this study because your child's high school has agreed to implement tMHFA. You do not have to allow your child to join the study. It is your choice. There is no penalty for not joining and students will receive the tMHFA curriculum regardless of whether you consent for participation in the research study. Please read the details in the rest of this consent document before deciding. If you agree for your child to participate, we will also ask your child for his or her assent (or agreement) to join the study. If your child says they do not want to participate, we will not enroll your child. Your child can decide to participate or not without any penalty from the school.

What will happen if your child joins this study?

We are asking you to give permission for your child to participate in a survey at three different times: before the training, immediately after the training, and six months later. The questions on the survey are to help us understand if students like the tMHFA program or not and if it helps them. Participation in the study is only inclusive of data completion, not participation in the tMHFA program.

If you give permission and your child agree to be in the study, we will send the student survey to your child's email address that you provide and the parent survey directly to you via email with an email address that you provide. The email will have a link to a secure website where students can complete the survey online in a program called RedCAP. It is estimated that each student survey will take around 20 minutes to complete. If an email address is not available, your child or you can be provided with a paper form through the school.

How long will your child be in the study?

Your child will be in this study for as long as it takes to complete the questionnaires (i.e., six to seven months). Your child's participation in the questionnaire will be completed this spring.



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What are the risks or discomforts of the study?

Interviews or questionnaires

Your child may get tired or bored while completing the survey. Some questions may make your child feel embarrassed or uncomfortable. Your child can stop the survey at any time. Your child does not have to answer any question that your child does not want to answer.

Similarly, you do not have to answer any question that you do not want to answer.

Personal Privacy

We will not share the information that you and your child provide to us in this study with you, the school, or anyone else. But, there is a risk that information shared could become known to people outside this study. We will do our best to protect your and your child's information and keep this from happening. We will use a study ID number that is linked to your child's student ID number to track you and your child's responses over time. While we will ask for your child's student ID number on the survey, we will store your child's survey responses without your child's student ID number to help keep what your child tells us confidential. The link between your child's student ID and study ID will only be kept in a separate document that we will destroy after the final survey one year after the training.

What are the potential benefits to being in the study?

Information from this study will help us know how we can improve teen Mental Health First Aid for other students. We also think that when we train teenagers, family, and school staff on how to help teenagers who are developing or experiencing a mental health problem, it will lead to better community support for teenagers.

What are your and your child's options if you do not want your child to be in the study?

You do not have to allow your child to join this study. There will be no penalty at school if your child is not in the study. If you choose not to give permission for your child to join the study, your child can still fully participate in the teen Mental Health First Aid program. You can allow your child to participate in the research study and not complete the parent feedback survey.

Will it cost you or your child anything to be in this study?

No

Will you or your child be paid if your child joins this study?

There is no payment for being in this study.



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Can your child leave the study early?

- Your child can agree to join the study now, but change their mind and stop any time.
- If your child wishes to stop, please tell us right away.

If your child leaves the study early, Johns Hopkins may use the answers your child gave before stopping. If you or your child want us to destroy those answers and not use them, please contact us.

Can your child be taken out of the study early?

- We may take your child out of the study if they fail to follow instructions or the study is cancelled.

What other things should you know about this research study?

During the study, we will tell you if we learn any new information that might affect whether you wish your child to continue to participate.

What is the Institutional Review Board (IRB) and how does it protect your child?

This study has been reviewed by an Institutional Review Board (IRB), a group of people including scientists and community people that reviews research studies. The IRB can help you or your child if you have questions about your rights as the parent of a research participant or if you have other questions, concerns or complaints about this research study. You may contact the IRB at 410-955-3193 or jhsph.irboffice@jhu.edu.

What should you or your child do if you have questions about the study, or are injured or ill as a result of being in this study?

Call the principal investigator, Dr. Holly Wilcox at 410 502-0629. If you wish, you may contact the principal investigator by letter. The address is on page one of this consent form. If you cannot reach the principal investigator or wish to talk to someone else, call the IRB office at 410-955-3193.

Future Contact

We would like your permission for our research team to contact your child in the future. We would only contact your child if there is a future opportunity related to their participation in this study. Please indicate your decision below by checking the appropriate box.

Yes No

What does your signature on this consent form mean?

Your signature on this form means that you have reviewed the information in this form, you have had a chance to ask questions, and you give permission for your child to join the study. You will not give up any legal rights of your child by signing this consent form.



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PLEASE CHECK ON OF THE FOLLOWING:

- Yes, I would like my child to participate
 No, I do not wish for my child to participate
 I would like more information before making a decision

Signature of Parent/Guardian of minor Participant (Print Name) Date/Time

Name of Child (Print Name) School name

Child's email address (the surveys will be sent to this email address)

Parent phone number Student phone number Additional phone number