

Assessing and Enhancing Emotional Competence for Well-Being (ECoWeB) in Young Adults: A principled, evidence-based, mobile-health approach to prevent mental disorders and promote mental well-being



Trial Consent forms A and B Version 1.0 dated 10.09.2020

Consent Form A- Consent for Assessment (Online Format)

Consent Form B- Consent to enter the Trial (Online Format)



CONSENT FORM A

Title of Project: **Assessing and Enhancing Emotional Competence for Well-Being (ECoWeB) in the Young:**

Consent A

Please
Tick box

- 1) I understand that I am consenting to complete online questionnaires and tasks to check if taking part in the ECoWeB study is right for me. ☐
- 2) I understand that all my data will be kept confidential and stored securely. My contact details will be kept separately from other information. My contact details will be permanently deleted by the end of September 2022 (anticipated study end). My other data will be kept for 7 years for research purposes only. This is in line with good research practice. ☐
- 3) I understand that my participation is voluntary. I am free to withdraw at any time without giving any reason. I can ask for my data to be deleted at any time until the study ends. ☐
- 4) I understand that the data collected from me (without my contact details) will be shared with researchers and collaborators within the EcoWeb Consortium. ☐
- 5) I am aged between 16 years and 22 years old. ☐
- 6) I confirm that I have read the information sheet dated 10.09.2020 (version 0.9) for the above study. I have been provided with a phone number and email address so that I can ask any questions. ☐
- 7) I agree to take part in the assessment for the ECoWeB trial. I understand that it is possible I will be informed that the trial is not right for me. ☐

Name of Participant

Date

Signature

Autocomplete

Name of Person

Date

Signature

taking consent

Email address

Phone number

The consent form and info sheet are now automatically sent to the ppt by email after completion and before this point.



Centre:

Participant Identification Number for this trial:

CONSENT FORM B

Title of Project: **Assessing and Enhancing Emotional Competence for Well-Being (ECoWeB) in the Young**

Consent B

Please tick box

1) I consent to take part in this research about emotion and well-being in young people which will test the benefits of different Apps for mental well-being.

☐

2) I understand that by taking part in the study I will be assessed on my emotional experiences and wellbeing over one year at three follow up web-based assessments. I will also use the Smartphone App to monitor my emotions on the App for a month. I commit to completing these assessments.

☐

3) I understand that some individuals will be selected at random (by chance) to be offered additional self-help strategies within the App to improve emotional skills and well-being versus not being allocated additional self-help.

☐

4) I understand that joining the study does not replace any medical treatment/help I may need. My doctor (GP) remains responsible for my medical care. I will contact them should I feel at risk to myself or others during the study.

☐

5) I understand that the ECoWeB study only offers self-monitoring and self-help. It does not provide therapy. The App is not monitored nor directly supported by clinicians or therapists. I understand that I am responsible for seeking help if I feel distressed or at risk.

☐

6) I understand that all my data will be kept confidential and stored securely. My contact details will be kept separately from other data collected on the website and the App. My contact details will be deleted by the end of September 2022 (anticipated study end). My other data will be kept for 7 years for research purposes only. This is in line with good research practice.

☐

7) I understand that my participation is voluntary. I am free to withdraw at any time without giving any reason.

☐

8) I understand that in the Emotion Diary in the App, I can take part in research into voice and mood. I can voluntarily choose to vocally record an emotional event or not each time. There will be no passive recording at any time. I understand that each recording will be broken up into tiny bits and then put together again in a random order. This means that no-one can hear what I said and hides my identity. These reordered voice files will be automatically analysed on the App to identify qualities of my voice. They will be encrypted and sent to a secure server for further analysis. The app will give immediate feedback on mood states in my voice.

☐☐

9) I agree that if I choose to vocally record emotional events, then the content-free voice files and sound qualities can be used by the consortium for research into mood and voice.

10) I understand that all my data will be encrypted before transfer between research partners and stored safely on a password protected server.

☐

11) I understand that I can ask for any of my data (including voice files) to be deleted at any time unless it is no longer connected to my contact details.

☐

12) I understand that data collected from me will be shared with researchers and collaborators within the EcoWeb Consortium and may be used to support other research in the future.

☐

13) I confirm that I have had the opportunity to read the information in Version 0.9 of the information sheet dated 10.09.2020. I have had the opportunity to ask any questions I have. These questions were answered satisfactorily. The information sheet provides contact details for the researchers in my country for any future questions I might have.

☐

14) I confirm that I am aged between 16 years and 22 years old.

☐

15) I would like to be contacted about opportunities to take part in additional collaborative research with researchers from the University of Oxford (optional)

☐

16) Based on the above, I agree to take part in the ECoWeb study.

☐

Name of Participant

Date

Signature

Autocomplete

Name of Person

Date

Signature

taking consent

If we have concerns about your wellbeing and can't reach you, we would like to have someone else to call. This can be a relative, guardian, doctor or long-term friend who knows you well and is over 18. We would only call them in the unlikely event that we were very concerned about you and could not reach you.

Trusted person contact details- Name

phone number