

Opt-Out Informed Consent Agreement for Participation in a Research Study

Investigator: Jerico Mele, Health and Human Services Department of Nantucket

Email: jmele@nantucket-ma.gov

Title of Research Study: Nantucket HHS Youth Behavioral Health

Introduction:

You are being asked to decide whether your child will be included in a research study. Before you disallow your child from participation, you must be fully informed about the purpose of the study, the procedures to be followed, and any benefits, risks, or discomfort your child may experience as a result of their participation. This form presents information about the study so that you may make a fully informed decision regarding the participation of your child in the survey.

Purpose of the Study:

The purpose of the study is to collect baseline data for the Health and Human Services Department of Nantucket (HHS). The study will assess the mental and behavioral health of middle and high school students. The data collected from this study will be used by the HHS to assess the needs of students and inform future action to address those needs.

Procedures to be followed:

The Health and Human Services Department will distribute a link to a survey to all participating schools. The schools will then send the survey link to all students who have not been opted out of the study. The survey will be open to students on November 13, 2023, and closed to responses on November 22, 2023. A QR code to a sample copy of the survey is included alongside this form.

Risks to Study Participants:

The survey will ask subjects sensitive questions that may cause discomfort to participants. All survey questions are optional. There will be a warning message before each section that contains sensitive content. Sensitive content includes questions about drug and alcohol use, suicide, and self-harm. Mental health crisis resources will be included within relevant sections as local and national hotlines.

Benefits to the Participants:

Your child's participation in the survey would benefit the Health and Human Services Department by helping to inform grant funding requests for programs designed to address the behavioral and mental health needs of students on Nantucket.

Record Keeping and Confidentiality:

Only the study investigators and the HHS will have access to the live results from the survey as students complete it. All responses are anonymous. No personally identifiable information will be collected. Records of your child's participation in this study would be confidential as permitted by law.

Compensation or treatment in the event of injury:

There will be no compensation awarded for participation in this study. By signing this statement, you do not relinquish your legal rights.

For more information about this research or the rights of research participants, or in case of research-related injury:

You can contact Jerico Mele at jmele@nantucket-ma.gov.

Your child's participation in this research is voluntary.

Your refusal to allow your child to participate will not result in any penalty to you or your child, nor will it result in any loss of benefits to which you may otherwise be entitled. You may decide to stop allowing your child to participate in the research at any time without liability or loss of other benefits. The study investigators retain the right to cancel or postpone the experimental procedures whenever they see fit.

By signing below,

You acknowledge that you **DO NOT** want your child to participate in this study. If you sign below, your child **WILL NOT** be given access to this survey. You are entitled to retain a copy of this consent agreement.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (Please Print)



SCAN ME