



Consent to Take Part in Research

TITLE: What do Mothers Think About Virtual Care? A Public Engagement Survey of Maternal Mental Health Care Experiences During COVID-19

RESEARCHER(S): Dr. Caroline Porr, Faculty of Nursing

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In partnership with:

- Dr. Archana Vidyasankar, Faculty of Medicine
- Wendolyn Schlamp, Executive Director, YWCA; Interim Chair of Perinatal Mental Health Alliance of NL

You have been invited to take part in a study (to complete a survey). Taking part in this survey is voluntary. You may choose to take part or you may choose not to take part in this survey. You also may change your mind at any time. If you decide to stop taking part in this survey, it will not affect your care.

This consent form has important information to help you make your choice. It may use words that you do not understand. Please contact Dr. Caroline Porr to explain anything that you do not understand. It is important that you have as much information as you need and that all your questions are answered.

1. Why am I being asked to take part in this study?

The purpose of this survey is to find out what women think about meeting with their health care provider over the telephone or by using online technology (such as Webex, Zoom or Skype). This way of receiving care and support is called virtual care. We are interested in what women who have had mental health issues during pregnancy or after child birth think about virtual care.

2. How many people will take part in this study?

We want to make the survey available to many women in the province of Newfoundland & Labrador. There may be 350 women taking the survey.

3. How long will I be in the study?

The survey should only take you 20 minutes to complete.

4. What will happen if I take part in this study?

The survey is online. When you click the Survey Link, below, you are agreeing to participate. You will be directed to complete the survey that has no more than 20 questions.

5. Are there risks to taking part in this study?

Despite protections being in place, there is a risk of unintentional release of information. Researchers will make every attempt to protect your privacy. During the survey you become uncomfortable answering the questions. You can skip questions, take a break or stop answering at any time.

The following resources are available if you need support:

- If immediate concern, phone the 24/7 Mental Health Crisis Line: 1-888-737-4668
- CHANNAL Warm Line for Non-Emergency Referral and Support: 1-855-753-1138
- Mental Health & Addictions Systems Navigator: The patient navigator has knowledge of all mental health and addictions services provided by the health authorities and the community. The Navigator provide services to individuals, families and professionals of any age within Newfoundland and Labrador.
 - How to access this service:
 - Telephone: 709-752-3916 or toll-free at 1-877-999-7589; video relay service (VRS) calls are welcome.
 - Email: barry.hewitt@easternhealth.ca

6. What are the possible benefits of participating in this study?

There may be no direct benefits from taking part in this study. We hope that the information learned from this study can be used in the future to benefit you and other women in the future.

7. If I decide to take part in this study, can I stop later?

It is your choice to take part in this survey, participation is voluntary. You can change your mind at any time during the survey and stop answering questions.

8. What are my rights when participating in a research study?

You have the right to receive all information that could help you make a decision about participating in a timely manner. You also have the right to ask questions at any time and to have them answered to your satisfaction.

Your rights to privacy are legally protected by federal and provincial laws that require safeguards to ensure that your privacy is respected.

You have the right to be informed of the results of this survey once the entire study is complete. You can contact the member of the researcher team, whose phone number is provided, above.

9. What about my privacy and confidentiality?

There is always the possibility of tampering from an outside source when using the internet for collecting information. While the confidentiality of your responses will be protected once the data are downloaded from the internet, there is always a possibility of hacking or other security breaches that could threaten the confidentiality of your responses. Please know that you are free to decide not to answer any questions.

Every effort to protect your privacy will be made. Even though the risk of identifying you from the study data is very small, it can never be completely eliminated. If there is a breach of your privacy resulting from your participation in this study you will be notified.

Study information collected during the study will be kept and stored in a secure, locked place that only the research team will be able to access. After the study closes, study information will be kept as long as required by law, which could be 5 years. This information will be stored in encrypted computer folders and secured in the office of Dr. Caroline Porr at the Faculty of Nursing. Dr. Caroline Porr is responsible for keeping it secure.

10. What about questions or problems?

If you have any questions about taking part in this study, you can meet with the principal investigator who is in charge of the study. That person is:

Dr. Caroline Porr at 709-335-7500

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

Ethics Office at 709-777-6974

Email at info@hrea.ca

Consent

Clicking the **Survey Link**, below, gives us your consent to be in this study. It tells us that you understand the information about the research study and means:

- I have had enough time to think about the information provided and ask for advice if needed.
- All of my questions have been answered and I understand the information within this consent form.
- I understand that my participation in this study is voluntary.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study at any time, without having to give a reason, and that this will not change the quality of the care I receive.
- I understand that it is my choice to be in the study and there is no guarantee that this study will provide any benefits to me.
- I am aware of the risks of participating in this study.

- I do not give up any of my legal rights by signing this consent form.
- I understand that all of the information collected will be kept confidential and that the results will only be used for the purposes described in this consent form.
- I agree to take part in this study

https://mun.az1.qualtrics.com/jfe/form/SV_54Ml46eHKjhFQIC

Survey Link