**note to applicants: it is important for you to include all relevant information about your research in this application form as your ethical approval will be based on this form. Therefore anything not included will not be part of any ethical approval.**

**You should read the Ethics Application Guidelines and have them available as you complete this form.**

### APPLICATION FORM

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| **SECTION A APPLICATION FOR ETHICAL REVIEW: HIGH RISK** |

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| |  | | --- | | **A1** | | **Project Title: Social Emotions** | |
| Date of Submission: 20/02/2023 | Proposed Data Collection Start Date: 01/04/2023 |
| UCL Ethics Project ID Number: 24867/001 | Proposed Data Collection End Date: 31/05/2028 |
| **Is this application for continuation of a research project that already has ethical approval? *For example, a preliminary/pilot study has been completed and this is an application for a follow-up project? If yes, please provide the information requested below.*** | |
| Project ID for the previous study: N/A |  |

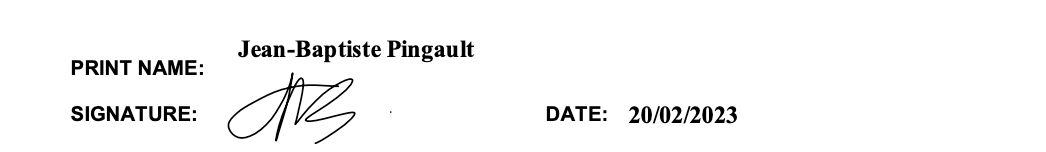
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| |  | | --- | | **A2** | | **Principal Researcher**  *Please note that a student – undergraduate, postgraduate or research postgraduate cannot be the Principal Researcher for Ethics purposes.* | |
| Full Name: Prof Argyris Stringaris | Position Held: Professor of Child & Adolescent Psychiatry |
| Name and Address of Department: Department of Psychiatry, 149 Tottenham Ct Rd, London W1T 7BN, Department of Psychology and Language Sciences, Research Department of Clinical, Educational & Health Psychology, 26 Bedford Way, London, WC1H 0AP | Email: a.stringaris@ucl.ac.uk |
| Telephone: 07514851520 |
| Fax: N/A |
| **Declaration To be Signed by the Principal Researcher**   * I have met with and advised the student on the ethical aspects of this project design *(applicable only if the Principal Researcher is not also the Applicant).* * I understand that it is a UCL requirement for both students & staff researchers to undergo Disclosure and Barring Service (DBS) Checks when working in controlled or regulated activity with children, young people or vulnerable adults. The required DBS Check Disclosure Number(s) is: The applicants’ (Dr Marjan Biria and Dr Isobel Ridler, who will be collecting, processing and analysing data, and writing results up for publication) DBS numbers are: 001822520276 and 001821815558. The PI Professor Argyris Stringaris and Co-I Dr Georgina Krebs (legal name Georgina Fortescue-Webb) already have enhanced DBS clearance, and their DBS numbers are: 001789423536 and 001734846471. Any future team members will only start working with the adolescent population once the required DBS check is in place. * I have obtained approval from the UCL Data Protection Officer stating that the research project is compliant with the General Data Protection Regulation 2018. My Data Protection Registration Number is: Z6364106/2023/02/104 * I am satisfied that the research complies with current professional, departmental and university guidelines including UCL’s Risk Assessment Procedures and insurance arrangements. * I undertake to complete and submit the ‘Continuing Review Approval Form’ on an annual basis to the UCL Research Ethics Committee. * I will ensure that changes in approved research protocols are reported promptly and are not initiated without approval by the UCL Research Ethics Committee, except when necessary to eliminate apparent immediate hazards to the participant. * I will ensure that all adverse or unforeseen problems arising from the research project are reported in a timely fashion to the UCL Research Ethics Committee. * I will undertake to provide notification when the study is complete and if it fails to start or is abandoned. | |

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| **SIGNATURE:** | **DATE:** 17th Feb 2023 |

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| |  | | --- | | **A3** | | **Applicant(s) Details** *(if Applicant is not the Principal Researcher e.g. student details):* | |
| Full Name: Marjan Biria | |
| Position Held *i.e.undergraduate/bachelor or masters project (if so, provide course title/number, PhD, staff led research project which may involve one or more students*: Postdoctoral research fellow | |
| Name and Address of Department: Department of Psychiatry, 149 Tottenham Ct Rd, London W1T 7BN | Email: m.biria@ucl.ac.uk |
| Telephone: 07478081741 |
| Fax: N/A |
| Full Name: Isobel Ridler | |
| Position Held: Postdoctoral research fellow | |
| Name and Address of Department: Department of Psychiatry, 149 Tottenham Ct Rd, London W1T 7BN | Email: i.ridler@ucl.ac.uk |
| Telephone: 07951499820 |
| Fax: N/A |

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| |  | | --- | | **A4** | | **Sponsor/ Other Organisations Involved and Funding** |
| 1. **Sponsor:**  **UCL**  **Other institution**   If your project is sponsored by an institution other than UCL please provide details: N/A   1. **Other Organisations**: If your study involves another organisation, please provide details. *Evidence that the relevant authority has given permission should be attached or confirmation provided that this will be available upon request.*N/A 2. **Funding:** What are the sources of funding for this study and will the study result in financial payment or payment in kind to the department or College? *If study is funded solely by UCL this should be stated, the section should not be left blank.*   Wellcome Trust |

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| |  | | --- | | **A5** | | **Signature of Head of Department [or Chair of your Departmental Research Ethics Committee/Departmental Ethics Lead]** *(This must not be the same signature as the Principal Researcher)* |
| 1. **I have discussed this project with the principal researcher who is suitably qualified to carry out this research and I approve it.**   **I am satisfied that *[please highlight as appropriate]:***   1. **Data Protection registration:**  * **has been satisfactorily completed** * **has been initiated** * **is not required**  1. **a risk assessment:**  * **has been satisfactorily completed** * **has been initiated**  1. **appropriate insurance arrangements are in place and appropriate sponsorship [funding] has been approved and is in place to complete the study.**  **Yes**  **No** 2. **a Disclosure and Barring Service check(s):**  * **has been satisfactorily completed** * **has been initiated** * **is not required**   *Links to details of UCL's policies on the above can be found at:* [*http://ethics.grad.ucl.ac.uk/procedures.php*](http://ethics.grad.ucl.ac.uk/procedures.php)  **\*\*If any of the above checks are not required please clarify why below.** |
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| **SECTION B DETAILS OF THE PROJECT** |

**\*\*It is essential that Sections B1 and B2 are completed in simple understandable lay language that a non-expert could understand or you risk your project being rejected**

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| |  | | --- | | **B1** | | **Please provide a brief summary of the project in simple lay person’s prose outlining the intended value of the project, giving necessary scientific background.**  *(max 500 words)***.**  Our work is about changes in emotional states in young people and the mechanisms that underlie them. Changes in emotions and mood are normal but may also reach a pathological extent as seen in depression, anxiety disorders, and the mood dysregulation seen in people with ADHD. We want to understand two fundamental phenomena in a non-clinical sample of young people (14-25 years old) comparing it to older adults aged 25-65 years old (n = 5000). We focus initially on people aged 14-25 years old because younger people carry a large burden regarding mood dysregulation and anxiety symptoms. However, it is also interesting to test how these phenomenon compares across age groups.  First, we want to understand spontaneous mood decrease over time. We have recently shown ([Jangraw et al 2023](https://psyarxiv.com/bwv58/)) how mood changes can occur spontaneously when participants are apparently “at rest”. We have termed this phenomenon mood drift over time (MDoT) and we have indications that inter-individual differences over time may be related to psychopathology, including anhedonia (the loss of interest in or inability to experience pleasure) and possibly attention deficit/hyperactivity disorder. Using a very simple experiment, where people are asked to rest, but consider alternative resting situations (where more or fewer game points could be gained), we will examine this in a large sample of young people who vary on symptom scores between average population ratings and high scores for anhedonia, social anxiety and ADHD. We hope to understand whether such spontaneous changes in mood are adaptive and how they relate to people’s wishes to explore alternative environments. Specifically, we will test the idea that people who have a strong wish to explore alternative environments in which they could gain rewards (and have a high sense of what is called an opportunity cost) will show the largest spontaneous decline in mood. Our first hypothesis is therefore that mood drift over time is a function of the size of a reward (game points gained) in the environment that they could have chosen to be in. We will explore how this relationship varies across individuals.  Second, we want to understand the role that positive social surprises play primarily in those who score high on social anxiety and depression symptoms. Prior work indicates that young people can benefit (i.e. feel better in their anxiety and potentially mood) when they experience positive surprises in a social interaction (i.e. when the outcome of the interaction is better than they had expected). We want to understand this and provide an experimental test of this idea, as such a discovery could have important implications for improving people’s emotional states overall. It has also been suggested that self-processing variables, including Self Focused Attention, Safety Behaviour use, and mental Self-Imagery, reduce the resources available for external information (Clark and Wells, 1995). They therefore may prevent social surprises from producing learning. We will examine these ideas using both qualitative and experimental set up that emulates short social interactions with an avatar or matched conversation partner (these will range from neutral interactions to positive interactions, and will not involve deception). Some interactions will take place with and without instructions to engage in self-processing. We will examine this in young people who score high on symptoms of social anxiety, but also explore how this compares to other young people and older adults. Our second hypothesis is therefore, that positive social surprises, i.e. outcomes that are better than expected (as opposed to positive outcomes as such), underlie improvements in momentary emotional states. Furthermore, engaging in self-processing may act as a barrier to these hypothesised beneficial effects of social surprises, and reducing self-processing may independently improve momentary emotional states.  Additionally, we would like to collect data on how state and time-of-day, in particular feelings of hunger, may affect mood, as such bodily states which can potentially explain some mood dysregulation. To do this we want to develop a questionnaire about how people experience hunger affecting their emotions. The colloquial term “hanger” describes the phenomenon of hunger leading to increased feelings of anger (Swami et al. 2022; Ackermans et al. 2022) or irritability [defined as proneness to anger; Leibenluft et al. (2024)]. Little attention has been paid to how bodily signals, in particular those of hunger and satiety impact on mood regulation. This is surprising given the obvious clinical relevance of such questions for psychopathologies where eating is deployed as a means of mood regulation. A questionnaire on hunger-induced mood changes will be valuable to identify which people are at risk for mood dysregulation and may benefit from intervention.  Also, to help direct knowledge utilisation of this project, we wanted to ask about participants’ preferences for emotional experiences and symptoms of anxiety/low mood they would like to change. While experiences such as social anxiety, boredom or hunger are characterised by negative emotion (e.g., anxiety, low mood, irritability), people may not necessarily view these emotions as problematic. For example, people who believe that anxiety is helpful may choose to intensify their anxiety (Tamir et al., 2012), and people with anxiety report a higher preference to be anxious, which in turn may lead to more reported anxiety (Vanderlind et al., 2022). Our project aims to take seriously those preferences, so we can effectively use the knowledge we gather on social emotion. Thus, alongside the social emotion tasks, we would like to understand what symptoms of anxiety/depression are most ‘pressing’ to participants (e.g., in that they want them to go away the most). For this reason, we would like to trial and test a questionnaire designed to capture participants’ preferences for symptom change. |

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| |  | | --- | | **B2** | | **Briefly characterise in simple lay person’s prose the research protocol, type of procedure and/or research methodology (e.g. observational, survey research, experimental). Give details of any samples or measurements to be taken** *(max 500 words).*  ***s***  **Figure.1: research recruitment flow**  Figure.1 describes the three main settings through which we plan to recruit, how and where the participants will be approached, tested, and when consent will be collected.  We will recruit people through a) schools/summer camps (aged 14-18; tested in person or online), b) testing platform such as “children helping science” website for younger participants (aged 14-18), b) local communities (aged 18-65: tested online or in person), c) via online testing platforms such as the Amazon’s Mechanical Turk (MTurk), Testable Minds, CloudResearch, or Prolific (aged 18-65; tested online). These are online platforms commonly used for these research purposes. Participants from online platforms will be screened online prior to the testing session.  Since we have different groups and we want a sample of individuals with high social anxiety, and a general contrast group (that will vary in terms of mood dysregulation e.g. irritability, anhedonia), we have different versions of flyers, information sheets and consent forms. On online testing platforms (e.g. Prolific), the study will be advertised with an option for participants to click through to a page containing the online information sheet. For the remaining groups, the flyers will have a corresponding QR code that enables participants to enter their contact details (using the secured Microsoft Forms from UCL’s office 365 or REDCap linked to Data Safe Haven [DSH]) and find the relevant information sheets to read. All participants will be able to take as long as they need to read and contemplate the study information sheet, and ask the research team questions either in person or via email. For participants recruited through online platforms, they will have the option to proceed immediately to screening. For individuals recruited via schools and local communities, at the point of reading the information sheet, they will provide their contact details (on Microsoft Forms or REDCap), and then proceed directly to screening if applicable. Participants who provide identifying information (e.g. contact details) will be allocated a random ID. When these participants are later contacted and invited to complete testing, they will be sent the study link as a URL and will use their random ID to complete testing (see Figure 1). The document linking identifying data to these random IDs will be stored securely on DSH.  For participants on online platforms, we will use the screening step to ensure a percentage of our sample is enriched for individuals with high social anxiety (phrased as “individuals who feel anxious in social situations” in the relevant Information Sheets) and high depression (phrased as “people who experience low mood“ in the relevant Information Sheets) above population-based thresholds (please see **Screening** section below). We will screen up to 15000 people until we reach a final sample of n = 5000. For school and local community participants, screening may be used to match people in experimental tasks involving conversations/interactions with others and inform future sampling. We may also use branching logic within the online experiments which will direct individuals to complete suitable tasks based upon their levels of social anxiety and/or depression.  Consent will be taken either in person (at school for 14-18 year-olds,at UCL 1-19 Torrington Place for 18-65 year-olds) or online (for community or online testing platform participants aged 18-65 and for participants aged 14-18). Please see Fig.1: Testing. Capacity in UK law is considered a dynamic concept—i.e. relates to the specific decision at hand—and is not a priori bounded by age. Moreover, a person is assumed to be capacitous until proven otherwise. In this spirit, it has become increasingly accepted and indeed good practice for adolescents below the age of 18 years to decide for themselves whether they wish to be part of a study. Indeed, studies very similar to ours have been conducted in which consent by the adolescent (16 years and above) was sufficient for their participation in the study [Evans et al 2021](https://www.sciencedirect.com/science/article/pii/S0005796721001303); [Leigh & Clark 2022](https://ora.ox.ac.uk/objects/uuid:7c61d3d6-d5a4-4798-a00b-a905a01ceec4). Given the relatively low level of risk (e.g. no intervention) of the procedures of the study, the precedent of other studies, the legal framework and the composition of our team with experience in conducting research and clinical work with young people, we propose to rely primarily on the consent of the adolescents (age 14-18 years of age) for their participation in the study. As an added safeguard for participants aged 14-15, we propose that the parents have the opportunity to opt-out their children from the study should they wish to do it. Acceptability of consent methods to gatekeepers- in this case schools and summer camps- is also important to us, and after consultation with schools, we will offer the choice of opt-out or opt-out parental consent for 14-15 year olds. Schools/summer camps can decide which they feel is more feasible and acceptable to the parents they work with- bearing in mind i) confidence that opt-out would work within their communication streams to parents, ii) potential administrative burdens of the two processes and iii) whether opt-in consent will be a barrier to their students taking part. Please note that we have prepared parental information sheets, so that parents are also sufficiently informed about the nature of the study and the procedures involved.  Those who consent will be asked to complete questionnaires and experiments involving computer-based short social interactions, rest, and simple tasks. This data will be collected using a web browser hosted on the Pavlovia (using PsychoPy) or Gorilla platforms. In the first part, people are asked to complete a task involving periods of rest and simple decision-making tasks with tests for reward processing (including considering alternative situations where more or fewer game points could be gained). In the second task, we emulate conversations with a virtual or real conversation partner ranging from neutral to positive interactions, and will not involve deception.  Participant emotions and thoughts (including motivation, frustration, surprise, and ideas about alternative things they could be doing) will be reported before, during and after the experiments using open questions but also a rating slider scale of 1-100. For some tasks, video and audio recordings and eye movement data will be taken throughout to enable objective assessment of affect, and audio recordings/transcriptions will be taken of participant descriptions of thoughts and emotions for later qualitative analysis. The full session with questionnaires and experimental tasks will take approximately 90 minutes. Participants under 18 will have the option to complete one or two testing sessions lasting about 45-60 mins each.  Our analyses will include pre-registered designs involving quantitative and qualitative analyses. Quantitative data analysis will be carried out on password-protected UCL laptops and/or DSH, with the main analyses being linear regression and variants thereof (linear mixed effects models and more complex computational models such as those with exponential decay terms). Qualitative data analysis will be carried out using GDPR compliant transcription software approved by UCL and, depending on the richness of data, possibly content or thematic analysis, using a mix of open and focussed coding.  To develop our new questionnaire to measure state and specifically hunger-induced mood changes, participants for this will be recruited through online testing platforms (e.g. Prolific). Previous work from this group (unpublished) will be used to arrive at the first set of questions. This will then be reduced in successive steps using qualitative and multivariate methodologies, such as factor analysis and item response theory (Streiner, Norman, and Cairney 2014). The questionnaire will take about 30 minutes to complete and some participants will be asked to complete it twice with a gap of about two weeks between sessions. To assess test-retest reliability, some participants will answer the same set of questions two weeks apart. The questionnaire will be evaluated for test-retest reliability (kappa coefficient), internal consistency (Cronbach’s alpha), dimensional structure (confirmatory factor analysis) and validity against other questionnaires (correlation).  For the study involving the preference questionnaire, participants will be aged over 16 and will be recruited through age-appropriate online testing platforms (e.g., Prolific, Children Helping science; see below). Participants will be pre-screened for presence of distress from depression and/or social anxiety. Then, from a list of frequent symptoms of depression and/or anxiety, they will choose those symptoms that bothered them in the last six months. They will then see a pairwise choice questionnaire in which they are asked to choose which of the two symptoms they previously selected they would like to ‘go away’ most. They will then complete a questionnaire where they choose between hypothetical types of psychotherapy that vary in their cost, effectiveness, wait-time as well as how ‘good’ they are at symptoms that participants rated to have high, medium or low priority for them in the pairwise choice. These questionnaires are expected to take a maximum of 70 minutes to complete, plus 5 minutes for screening and 15 minutes for feedback. To understand test-retest reliability some survey data may be collected from the same participants up to 2 weeks apart.  In the information sheets and at the end of the study, all participants will be provided with information about how they can access mental health support via charities, NHS services, or university services.  **Details of measurements**  Participants who provide personally identifiable information via Microsoft forms or REDCap will be allocated randomly generated IDs, and will later be invited to complete the study using these random IDs. This will keep their special category data anonymous. The data collected on the online testing platforms does not include information such as name, email, address, or IP, as participants use a randomly generated ID when completing these tasks. Hence all data outputs from the mental health questionnaires,computerised tasks will be pseudonymised at the point of collection and collected using UCL laptops (for in person testing) or using a web browser hosted on the Pavlovia (using PsychoPy) or Gorilla platforms. This data will first be stored on encrypted UCL laptop hard drives, and then securely transferred to the UCL N/S drives, while further raw and pseudonymised questionnaire data (including mental health data) will be stored on DSH.  Audio, video and eye movement recordings will be collected using GDPR compliant devices and software and stored on DSH. The eye movement, audio, and video recordings will be stored securely in DSH for the duration of the project and then destroyed.  The following questions and questionnaires will be used (they have all been extensively validated and standardised as reported in the publications linked here, and we remove any questions relating to death or suicide):  Psychosis screening questions ([French et al (2014)](http://iris-initiative.org.uk/wordpress/wp-content/uploads/2018/03/2-Early-Detection-of-Emerging-Psychosis-guidance-2014.pdf))  Liebowitz Social Anxiety Scale (social anxiety: [Heimberg et al (1999)](https://www.cambridge.org/core/journals/psychological-medicine/article/psychometric-properties-of-the-liebowitz-social-anxiety-scale/6891D37D00A9BEC179E61C8BFF30F08A); [Masia-Warner et al (2003)](https://www.sciencedirect.com/science/article/pii/S0890856709610042))  Social Phobia Inventory (SPIN; social anxiety: Connor et al (2000))  mini-SPIN (brief screening assessment for social anxiety: Connor et al (2001)  Generalised Anxiety Disorder (GAD-7: anxiety: Spitzer et al. (2006))  Revised Children’s Anxiety and Depression Scale for young people (depression: [Krause et al (2021)](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30356-4/fulltext))  Center for Epidemiological Studies Depression Scale for adults (depression: [Radloff (1977)](https://journals.sagepub.com/doi/pdf/10.1177/014662167700100306))  Anhedonia Scale for Adolescents (anhedonia: [Watson et al (2021)](https://psycnet.apa.org/record/2021-31031-001))  Patient Health Questionnaire (PHQ-9: depression: Kroenke et al. (1999))  Affective Reactivity Index (irritability: [Stringaris et al (2012)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3484687/))  Strengths and Weaknesses of ADHD-symptoms and Normal-behavior rating scale (attention deficit hyperactivity disorder (ADHD): [Swanson et al (2001)](https://www.sciencedirect.com/science/article/pii/S156627720100007X))  Adult ADHD Self-Report Scale (ASRS: ADHD: Kessler et al (2005))  Alcohol Use Disorders Identification Test for Consumption (alcohol use: [National Institute for Care and Excellence (2022)](https://cks.nice.org.uk/topics/alcohol-problem-drinking/diagnosis/how-to-screen/))  Drug Use Disorders Identification Test for Consumption (drug use: [Berman et al (2005)](https://pubmed.ncbi.nlm.nih.gov/15608468/))  Index of multiple deprivation (measure of an individual’s living conditions: [McLennan et al (2019)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833951/IoD2019_Technical_Report.pdf))  Mood Disorder Questionnaire (bipolar spectrum: [Hirschfeld et al (2003)](https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.160.1.178))  [Cosmetic Procedure Screening Questionnaire](https://www.veale.co.uk/wp-content/uploads/2022/12/33Q-COPS-BIQ-past-week.pdf) (adults body image: [Veale et al (2011)](https://www.jprasurg.com/article/S1748-6815(11)00516-X/fulltext))  Body Image Questionnaire (adolescents body image: [Schneider et al (2018)](https://pubmed.ncbi.nlm.nih.gov/27866170/)  State-Trait Anxiety Inventory for Adults ([Skapinakis, 2014](https://link.springer.com/referenceworkentry/10.1007/978-94-007-0753-5_2825))  Behavioral Anger Response Questionnaire ([Miers et al., 2007](https://link.springer.com/article/10.1007/s10802-007-9120-9))  Autism Quotient-short (AQ-10; Allison et al., 2012)  Child and Adolescent Social Behaviour Questionnaire (CASBQ; Chiu et al., 2021a)  Child and Adolescent Social Cognitions Questionnaire (CASCQ; Leigh & Clark, 2022)  Focus of Attention Questionnaire (FAQ; Woody, 1996)  Self-Focused Attention Scale (Bögels et al., 1996)  Spontaneous Use of Imagery Scale (SUIS; Reisberg et al., 2003)  Vividness of Visual Imagery Questionnaire (VVIQ; Marks, 1973)  VAS measures of mood and mood-related thoughts, self-processing, and manipulation checks  Additionally, participants will be asked about:   * Diagnosis of Depression, Anxiety disorders, ADHD or other mental health diagnoses (allowing them to enter free text), as well as questions about self-identification with a diagnostic label (‘do you suffer from depression’, ‘do you suffer from anxiety’) and intended help-seeking (‘If you have been bothered by the previously mentioned symptoms, have you sought, or considered seeking help for them?’) * Medication intake (e.g. Fluoxetine, Sertraline, Prozac, Ritalin) and the dosage * Type, duration and purpose of past psychotherapyIncome bracket, level of education, age, sex/gender and ethnicity * Their preference for various symptoms of depression/anxiety as well as symptoms’ severity, frequency, impact, perceived controllability and perceived likelihood to change, as well as for varying types of treatment (details appended) * A feedback questionnaire assessing the ease of use of our task, as well as participants’ view of the accuracy/usefulness of results from the preference questionnaires (appended) * How hard they found it to fill in some questionnaires, measured with an adapted decisional conflict scale (O’Connor et al., 1995, appended).   In order to keep the study sessions to an appropriate time length (maximum 1.5h), we will use a selection of questionnaires from this list in any single study. |
| *Attach any questionnaires, psychological tests, etc.* *(a standardised questionnaire does not need to be attached, but please provide the name and details of the questionnaire together with a published reference to its prior usage).* |

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| |  | | --- | | **B3** | | **Where will the study take place (please provide name of institution/department)?** If the study is to be carried out overseas, what steps have been taken to secure research and ethical permission in the study country?  Is the research compliant with Data Protection legislation in the country concerned or is it compliant with the General Data Protection Regulation 2018?   1. Online (or at schools for students who are not able or prefer not to complete the task at home) for 14-18 year olds. 2. Either online or in person, at the Department of Psychiatry, Torrington place 1-19 for 18-65 year olds recruited from the local communities. 3. Online testing platform such as “children helping science” for adolescents aged 14-18 years old; Amazon Mechanical Turk (MTurk), Testable Minds, CloudResearch, Prolific, Pavlovia for 18-65 year olds |

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| |  | | --- | | **B4** | | **Have collaborating departments whose resources will be needed been informed and agreed to participate?**  *Attach any relevant correspondence.*  No |

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| |  | | --- | | **B5** | | **How will the results be disseminated, including communication of results with research participants?**  The results of this study will be disseminated through published articles, conference presentations, pre-prints, blog posts and press releases to benefit both the scientific community but also the individuals who have participated in the study. We will offer the opportunity to participants to be sent any publications that come out of our work. |

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| |  | | --- | | **B6** | | **Please outline any ethical issues that might arise from the proposed study and how they are be addressed.** *Please note that all research projects have some ethical considerations so do not leave this section blank.*  *Participant confidentiality*: as part of this study we collect sensitive and confidential information which fall within the special category according the GDPR (e.g. mental health questionnaires). For all participants, we pseudonymise the data using alphanumeric codes at the point of data collection, and any personally identifiable information (e.g., name, audio/video) will be destroyed at the end of the study. If paper versions or written notes are used at any point of the study that would contain sensitive information, they will be kept in locked filing cabinets, and real names are never written on any notes. The study team will keep a file, stored *only* on UCL’s Data Safe Haven, which provides the only link between the participant’s personally identifiable information and the alphanumeric study code. All data will be stored in accordance with the DPA and GDPR regulations.  *Potential participant discomfort*: the complete testing session including tasks and questionnaires will take up to 90 minutes to complete. This study duration may cause mental and physical fatigue in our participants. We will make sure that the participants are made aware that they can take as many breaks as they need, when they need it. Testing may be broken up into two sessions for participants under 18.    *Participants compensation*: participants will be compensated for their time at a rate of £9 per hour following UCL policy. They will receive payments in the form of 1) Amazon vouchers/Love2Shop vouchers/bank transfer/one course credit for UCL students (local communities; aged 18-65), 2) Love2Shop eGift cards (school children; aged 14-18), and 3) monetary compensation via the online platform (online platform participants). This could potentially raise an issue as after an initial screening only a subset of participants will be selected based on eligibility criteria. To manage this issue, exclusion criteria have been removed and screening will not take place for the majority participants from schools and the local community. Hence in these two settings, all participants will be invited to take part in at least one testing session and will receive compensation for their time. In cases where screening is used to match conversation partners, we will strive to ensure other suitable branches of the study can be offered where possible. Screening will remain for online platforms, and to make the payment process fairer, all online participants that show interest and take part in the initial screening will be paid for their time (at the rate specified above) irrespective of whether they continue to the testing sessions. For some tasks, we will also give variable bonus payments to participants based on their choices in a task. Many of our tasks are using small monetary rewards, and it is quintessential to have the same conditions to be able to compare our results across studies. Therefore, although all participants will receive the same baseline compensation, participants will receive a small, individualised bonus payment (added to the value of baseline) that will not exceed £3. This will be in the same form as the baseline compensation—eGift card, voucher, or monetary.  *School compensation*: It is common and accepted practice (e.g. ReSET study led by Professors Viding and Pasco Fearon) to provide schools with token of appreciation for their participation in research in ways that are conducive to their mission. In keeping with previous UCL-REC approved studies (e.g. ReSET study), we will provide participating schools with a small number of items of their choice (such as tablets, laptops, vouchers) or will offer to present talks by the researchers. In no case will we provide large monetary payments or gifts to schools that could reasonably raise ethical issues.  *Mental health risk and potential for distress*: Participants will complete mental health questionnaires in the screening and/or testing sessions. These questionnaires will only be completed individually. We will manage the risk raised by potential disclosure of high-risk depressive symptoms (such as suicidal thoughts) through a standard, validated, procedure devised by colleagues in UCL’s Clinical, Educational and Health Psychology department, with training delivered by the PI Professor Argyris Stringaris. This procedure is formally called STORM (Skills Training On Risk Management, Gask et al 2006<https://pubmed.ncbi.nlm.nih.gov/16796665/>). This includes explicit procedures for the team to follow for suicide risk management.  If a high level of risk is disclosed which requires the input of a clinician to manage (for example, suicidal intent), we have experienced clinicians who can consult in the research team (a psychiatrist—Prof. Argyris Stringaris, and a clinical psychologist—Dr Georgina Krebs). Common outcomes from the STORM procedure involve signposting for participants to mental health resources (e.g. charities, NHS), and if necessary, writing to the participant’s GP (with their knowledge and approval).  We will strive to ensure that those taking part in research are not caused distress. However, it is possible that some topics raised may be distressing. We will remove questions relating to death or suicide from the screening questionnaires as this may be completed online alone. The study team will be trained by the PI (who has extensive experience in dealing with distressed individuals, including young people with severe mental illness in crisis, in his role as Consultant Child and Adolescent Psychiatrist for over a decade) in managing the sessions with sensitivity and always ensuring that the participant is happy to continue answering questions, especially if they are showing signs of discomfort or distress. In the (unlikely) event that a participant becomes disturbed to the degree that the researcher is concerned about their wellbeing during the research, the researcher will end the session and seek guidance from a clinically qualified colleague, and a therapeutic debriefing will be given.  *Misconstruing presented information as medical advice.*We will ensure that any statements we make about therapy or about the participants’ preference questionnaire results are not misconstrued as clinical advice. To this end, we have amended the PIS to specifically mention that they may see some hypothetical scenarios involving therapy and results of their preference questionnaire, but that this information is part of a research study, may not be accurate and does not constitute any form of medical advice. This information will be reiterated at the end of the experiment. |

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| **SECTION C DETAILS OF PARTICIPANTS** |

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| |  | | --- | | **C1** | | **Participants to be studied**   |  |  | | --- | --- | | **C1a. Number of volunteers:** | 5000 | | Upper age limit: | 65 | | Lower age limit: | 14 |   **C1b. Please justify the age range and sample size:**  The main analyses will be two separate crossed random linear mixed effect models. For this scenario our simulations show that for the equivalent of a modest effect size of d = 0.3, a correlation of r = 0.5 within subject anxiety or mood measurements and α = 0.05, we need n ~ 450 for each analysis in order to achieve power = 0.9 (n = 900 for both tasks combined). To have sufficient power to be able to conduct qualitative explorations around rumination and related phenomena, we will increase the total sample size to n = 1000. Further, our task design process requires a significant amount of piloting, to establish the validity of various elements of our experimental tasks. Hence, we will seek an overall sample size of n = 5000. We will need to screen a larger number of individuals to reach a final sample of 5000 suitable participants. From experience, we typically need to screen 3 times the number of our intended sample size.    We focus on people aged 14-65 years old because they carry a large burden regarding mood dysregulation and anxiety symptoms. There are many young people who experience symptoms of both social anxiety and depression. This can lead to worse prognosis and outcomes in their relationships with others, their education, and family life. |

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| |  | | --- | | **C2** | | **Accessing/Using Pre-Collected Data:**  **If you are using data or information held by a third party, please explain how you will obtain this. You should confirm that the information has been obtained in accordance with the General Data Protection Regulation 2018.**  N/A |

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| |  | | --- | | **C3** | | **Will the research include children or vulnerable adults such as individuals with**  **a learning disability or cognitive impairment or individuals in a dependent or unequal relationship?** **Yes**  **No**    How will you ensure that participants in these groups are competent to give consent to take part in this study? *If you have relevant correspondence, please attach it.*  There is a general consensus that 14–18 year-olds have the capacity to provide consent and should not require parental consent so long as there is a parental opt-out. For example, please see other more intensive studies that asked 16-18 year olds to consent for themselves: [Evans et al., 2021](https://www.sciencedirect.com/science/article/pii/S0005796721001303) and [Leigh & Clark 2022](https://ora.ox.ac.uk/objects/uuid:7c61d3d6-d5a4-4798-a00b-a905a01ceec4). However, we have made sure that both the information sheets and consent forms are written in clear English language for all ages and participants are made well aware that they can stop at any time without giving any reason and without losing any advantages. However, for participants aged 14 – 16, parents/carers will also receive information about the study and will be made aware that they have the chance to opt-out their child if they find the study not suited for their child. Some schools may prefer to use opt-in parental consent, in which case, participants aged 14-15 in these schools will only take part if we have received completed consent forms from both the participant and a parent/guardian. |

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| |  | | --- | | **C4** | | **Will payment or any other incentive, such as gift service or free services, be made to any research participant?**  **Yes**  **No**    If yes, please specify the level of payment to be made and/or the source of the funds/gift/free service to be used.  We offer compensation for completing the screening and completing the experimentcalculated at the rate of £9 per hour for the estimated duration of the relevant task. The hunger questionnaire development will be done with online participants (e.g. through prolific, MTurk) and be paid £5 for the testing session (which is expected to take approximately 30 minutes). The task version including the preference questionnaires is also expected to last ca. 1.5 hours and would also be paid according to the £9 rate.  Please justify the payment/other incentive you intend to offer.  Compensation has been calculated assuming a rate of £9/hour, which is departmental policy. |

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| |  | | --- | | **C5** | | **Recruitment**  (i) Describe how potential participants will be identified:    Figure 1: research recruitment flow  Figure.1 describes the three main settings through which we plan to recruit, how and where the participants will be approached, tested, and when consent will be collected. Participants will initially identify themselves when they see an advertisement and show interest:  For group (a), potential participants (aged 14-18) will be identified via schools/summer camps. Schools/summer camps will share our flyers with students, and students will be able to scan QR codes on these flyers to read information sheets. If they are interested in participating, they will be able to provide their contact details (using the secured Microsoft Forms from UCL’s office 365) and will later be contacted by the research team and invited to participate in a testing session via a study link using random IDs assigned to them. As some of our cognitive tasks involve interacting with others, a screening step including some demographics may be used to inform partner matching and to inform future sampling.  For group (b), online platforms for younger people, such as “children helping science” run by the MIT university will advertise our study to participants aged 14-18 years old- after other researchers testing our study and confirming that it is suitable for young participants. Participants can decide to take part in the study after reading the relevant information sheet and having the opportunity to email us with any questions. They will be able to complete screening online. If they are eligible to complete our study, they will receive the study link using random IDs assigned to them or via a link sent to them via the online platform.  For group (c), local community participants (aged 18-65) will similarly be able to scan QR codes on physical or electronic advertisements of the study, where they will be able to view the relevant information sheets online. As above, if they are interested in taking part, they will be able to provide their contact details using Microsoft forms and will later be contacted by the research team and invited to complete testing either in person at UCL or online via a study link. A screening step including demographics may be used to inform partner matching for cognitive tasks and to inform future sampling.  For group (d), participants on online testing platforms (aged 18-65) can decide to take part in the study after seeing the study advertisement on the relevant platforms. After reading the relevant information sheet, they will be able to complete screening online. If they are eligible to complete our study, they will be invited to do so via the relevant online platform (this process is anonymous and does not require access to the individuals contact details).  (ii) Describe how potential participants will be approached:  For group (a) schools will approach the students on our behalf by distributing our study flyers to students and information sheets to students and parents.  For group (b) participants will see digital advertisements on the online testing platform.  For group (c) participants will see physical and electronic advertisements of the study in local communities.  For group (d) participants will see digital advertisements on online testing platforms.  (iii) Describe how participants will be recruited:  As depicted in Fig.1 “Settings”, participants will be recruited through advertisement at schools/summer camps, local communities, on online testing platforms such as “children helping science”, MTurk, Testable Minds, CloudResearch, or Prolific. We will make use of both physical (e.g. noticeboards) and online advertisement (e.g. websites, social media, online testing platforms). Students will only be recruited via their schools/summer camps after appropriate staff at that school/summer camp have agreed to collaborate with the research team. |

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| |  | | --- | | **C6** | | **Will the participants participate on a fully voluntary basis?**  **Yes**  **No**  **Will UCL students be involved as participants in the research project?**  **Yes**  **No**  *If yes, care must be taken to ensure that they are recruited in such a way that they do not feel any obligation  to a teacher or member of staff to participate.*  **Please state how you will bring to the attention of the participants their right to withdraw from the study without penalty?**  In both information sheets and consent forms participants are made aware that they can withdraw from the study any time without giving any reason and any penalty. Additionally, for participants aged 14 and 15, their parents/carers will also be made aware that they can opt out their child if they wish to do so. For schools using opt-in consent, parents who have opted in will also be aware that they or their child can withdraw their consent at any time. |

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| |  | | --- | | **C7** | | **CONSENT**  **Please describe the process you will use when seeking and obtaining consent.**  Participants are informed that they can take as much time as they need to read the information sheet, think through whether they would like to take part, and ask questions of the research team, before proceeding to testing. They will have the opportunity to ask questions via email prior to testing for all parts of the study, and at the beginning of the in-person sessions. Participants will provide written informed consent (in person or online) before completing the screening or the study session. Please refer to figure 1 above, the red arrows show parts of the study screening and testing that would ask for participants to consent.  *A copy of your participant information sheet(s) and consent form(s) must be attached to this application. For your convenience proformas are provided in Appendix I. These should be filled in and modified as necessary.*  In cases where it is not proposed to obtain the participants informed consent, please explain why below.  N/A |

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| |  | | --- | | **C9** | | **Will you provide a full debriefing at the end of the data collection phase?**  **Yes**  **No**  If ‘No’, please explain why below.  After each in-person experiment, we will ask the participant if they are interested in discussing any aspect of the experiment and provide a debrief as requested. |

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| |  | | --- | | **C10** | | **Information Sheets And Consent Forms: Appendix I**  **A poorly written Information Sheet(s) and Consent Form(s) that lack clarity and simplicity frequently delay ethics approval of research projects.** The wording and content of the Information Sheet and Consent Form must be appropriate to the age and educational level of the research participants and clearly state in simple non-technical language what the participant is agreeing to. Use the active voice e.g. “we will book” rather than “bookings will be made”. Refer to participants as “you” and yourself as “I” or “we”. An appropriate translation of the Forms should be provided where the first language of the participants is not English. If you have different participant groups you should provide Information Sheets and Consent Forms as appropriate (e.g. one for children and one for parents/guardians) using the templates provided in Appendix I. Where children are of a reading age, a written Information Sheet should be provided. When participants cannot read or the use of forms would be inappropriate, a description of the verbal information to be provided should be given. Where possible please ensure that you trial the forms on an age-appropriate person before you submit your application. |

**RISKS AND BENEFITS to**

**the researcher and the researched**

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| **SECTION D: APPROPRIATE SAFEGUARDS, DATA STORAGE AND SECURITY** |

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| |  | | --- | | **D1** | | **Will the research involve the collection and/or use of personal data?**  **Yes**  **No**  ***Personal data*** *is data which relates to a living individual who can be identified from that data OR from the data and other information that is either currently held, or will be held by the data controller (the researcher).*  *This includes:*   * *any expression of opinion about the individual and any intentions of the data controller or any other person toward the individual.* * *sensor, location or visual data which may reveal information that enables the identification of a face, address, etc (some postcodes cover only one property).* * *combinations of data which may reveal identifiable data, such as names, email/postal addresses, date of birth, ethnicity, descriptions of health diagnosis or conditions, computer IP address (if relating to a device with a single user).*   **If yes, is the research collecting or using special category data as defined by the GDPR 2018**, for example data:   * + which reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership ;   + data concerning health (the physical or mental health of a person, including the provision of health care services) ;   + data concerning sex life or sexual orientation ; or   + genetic or biometric data processed to uniquely identify a natural person. * **data which might be considered sensitive in some countries, cultures or contexts?**   **Note that if you intend to process ‘special category’ information you will need an ‘additional’ legal basis for processing that particular data and further safeguards will need to be put in place.**  **If yes, state whether explicit ethical informed consent will be sought for its use and what data management measures are in place to adequately manage and protect the data.**  Yes, as part of the study we will collect and use personal data including special category data such as data concerning mental health data and video recordings, for which **explicit ethical informed consent will be sought**. The **lawful basis** for processing will be “task in the public interest” and “scientific research purposes” for special category data.  Data management measures that are in place to adequately manage and protect the data are : All personally identifiable data will be kept on UCL’s Data Safe Haven, in a section that is only accessible to the study team. Personal data will never exit UCL’s servers and will never be used in any publication or other communication of results, results or data to be published will be stripped of any identifiable information. We plan to conduct analyses of facial and voice affect in DSH.  If it should not prove feasible to conduct video analysis quickly within DSH, on recommendation, we will obtain the video data from DSH in a secure way by e-mailing a link to ourselves and downloading it to an encrypted hard drive, where we will then analyse the data, with the data being retained there for a limited time before deletion (the original video data will stay in DSH, and a copy contained on the drive during analysis).Personal data will be anonymised at the end of the study and all personally identifiable data will be destroyed. |
| |  | | --- | | **D2** | | **During the Project (including the write up and dissemination period)**  **State what types of data will be generated from this project** (i.e. transcripts, videos, photos, audio tapes, field notes, etc).  Personal data such as: name, telephone number, email address, age, video and audio recordings,  Non-personal data: mental health questionnaires and computerised tasks  **How will data be stored, including where and for how long?** This includes all hard copy and electronic data on laptops, share drives, usb/mobile devices.  During the study, all personally identifiable data will be kept on UCL’s Data Safe Haven, in a section that is only accessible to the study team. The non-identifiable data that are pseudonymised using alphanumeric codes will be kept on secure UCL servers and computers for the duration of the project. After the study all personal data is deleted and the anonymised data will be stored on GitHub (please see section D5).  **Who will have access to the data, including advisory groups and during transcription?**  Only members of the study team will have access to the data during the study. |

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| |  | | --- | | **D3** | | **Will personal data be processed or be sent outside of the European Economic Area (EEA)\*?**  **If yes,** please confirm that there are adequate levels of protection in compliance with the General Data Protection Regulation 2018 and state what these arrangements are below.  No |

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| |  | | --- | | **D4** | | **After the Project**  **What data will be stored and how will you keep it secure?**  All of the non-personal data (listed under D2) will be kept secure using password protection.  **Where will the data be stored and who will have access?**  Non-identifiable data will be kept on secure UCL servers and UCL computers with access restricted the research team. After the study, the anonymised data will also be stored on GitHub (please see answer to D5 section).  **Will the data be securely deleted?**  **If yes,** please state when will this occur:  Personal data including identifiable information and video recordings will be securely deleted at the end of the study as part of the anonymisation process. Other study data will be kept permanently. |

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| |  | | --- | | **D5** | | **Will the data be archived for use by other researchers?  Yes  No**  If **Yes**, please describe provide further details including whether researchers outside the EEA will be given access.  Yes, at the end of the project the anonymised data, that is not subject to data protection legislation, will be transferred to GitHub where it can be accessed by other researchers. This is a requirement for publication in some journals and is consistent with good open science practice. |

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| **SECTION E: DETAILS OF RISKS AND BENEFITS to the researcher and the researched** |

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| |  | | --- | | **E1** | | **Please state briefly any precautions being taken to protect the health and safety of researchers and others associated with the project (as distinct from the research participants).**  The main risks to the study team are:  *Lone working during study assessments*: To address this we will adhere to departmental policy which states that participants must not be tested unless another member of the department is working on the same floor. This extends to schools, where we will ensure a teacher (if not another researcher) is in the same building and/or floor, and that team members are available to call for back-up if needed.  *Overexertion from delivering the sessions*: If a high number of sessions are delivered in any given week across many different schools, the researcher may over-exert themselves with risks to their physical health. To address this, we have planned for a maximum of 20 sessions per week per researcher which should allow the study to be completed on time. |

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| |  | | --- | | **E2** | | **Will these participants participate in any activities that may be potentially stressful or harmful in connection with this research?  Yes  No**  If **Yes**, please describe the nature of the risk or stress and how you will minimise and monitor it.  Participants will be asked to take part in experiments involving simple tasks, rest and conversations with a virtual or real conversation partner. They may become fatigued although we believe the risk for this is minimal. To ensure participants are not fatigued, we will offer as many breaks as the participant needs during the in-person sessions with questionnaires and experiments, we will keep our sessions to 90 minutes plus breaks, with the option of two shorter sessions for those under 18, and we will make sure participants know that they can stop whenever they want. |

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| |  | | --- | | **E3** | | **Will group or individual interviews/questionnaires raise any topics or issues that might be sensitive, embarrassing or upsetting for participants?**  If **Yes,** please explain how you will deal with this.  Participants will complete mental health questionnaires in the screening and testing sessions. These questionnaires will only be completed individually. We will manage the risk raised by potential disclosure of high-risk depressive symptoms (such as suicidal thoughts) through a standard, validated, procedure devised by colleagues in UCL’s Clinical, Educational and Health Psychology department, with training delivered by the PI Professor Argyris Stringaris in collaboration with Head of Department Prof Pilling. This procedure is formally called STORM (Skills Training On Risk Management, [Gask et al 2006](https://pubmed.ncbi.nlm.nih.gov/16796665/)). This includes explicit procedures for the team to follow for suicide risk management.  If a high level of risk is disclosed which requires the input of a clinician to manage (for example, suicidal intent), we have experienced clinicians who can consult in the research team (a psychiatrist and clinical psychologist). Common outcomes from the STORM procedure involve signposting for participants to mental health resources (e.g. charities, NHS), and if necessary, writing to the participant’s GP (with their knowledge and approval).  We will strive to ensure that those taking part in research are not caused distress. However, it is possible that some topics raised may be distressing. We will remove the question relating to death or suicide from the screening questionnaires as this may be completed online alone. The study team will be trained by the PI (who has extensive experience) in managing the sessions with sensitivity and always ensuring that the participant is happy to continue answering questions, especially if they are showing signs of discomfort or distress. In the (unlikely) event that a participant becomes disturbed to the degree that the researcher is concerned about their wellbeing during the research, the researcher will end the session and seek guidance from a clinically qualified colleague, and a therapeutic debriefing will be given. |
| |  | | --- | | **E4** | | **Please describe any expected benefits to the participant.**  Apart from the monetary compensation described in section C4, there will be no direct benefits of taking part in this study. However, they will have the pleasure of knowing that they have made a great contribution to our understanding how mood and emotions fluctuate in social situations. |

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| |  | | --- | | **E6** | | **Does the research involve the use of drugs?**  **Yes**  **No**  If **Yes**, please name the drug/product and its intended use in the research and then complete Appendix II    **Does the project involve the use of genetically modified materials?**  **Yes**  **No**  If **Yes**, has approval from the Genetic Modification Safety Committee been obtained for work?  Yes  No  If **Yes**, please quote the Genetic Modification Reference Number: |

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| |  | | --- | | **E7** | | **Will any non-ionising radiation be used on the research participant(s)?**  **Yes**  **No**  If **Yes**, please complete Appendix III. |

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| |  | | --- | | **E8** | | **Are you using a medical device in the UK that is CE-marked and is being used within its product indication?** **Yes**  **No**  If **Yes**, please complete Appendix IV. | |
| **CHECKLIST** | |

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| **Documents to be Attached to Application Form (if applicable) Tick if attached** |
| **Section B: Details of the Project**   * Questionnaire(s) / Psychological Tests * Relevant correspondence relating to involvement of collaborating  department/s and agreed participation in the research i.e. approval letters   to gatekeepers seeking permission to do research on their premises/  in their company etc. |
| **Section C: Details of Participants**   * + Parental/guardian consent form for research involving participants under 18   + Participant/s information sheet   + Participant/s consent form/s   + Advertisement |
| **Appendix I: Information Sheet(s) and Consent Form(s)** |
| **Appendix II: Research Involving the Use of Drugs**   * Relevant correspondence relating to agreed arrangements for dispensing   with the pharmacy   * Written confirmation from the manufacturer that the drug/substance has   has been manufactured to GMP     * Proposed volunteer contract * Full declaration of financial or direct interest * Copies of certificates: CTA etc…     **Appendix III: Use of Non-Ionising Radiation**  **Appendix IV: Use of Medical Devices** |

Updated October 2019

**Table of Appended Documents**

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| **File Name** | **Description** | **Pg** |
| *Social Emotions* | | |
| 1\_Social\_Anxiety\_parents\_information\_sheet\_V2 | **PIS:** parents with children who experience social anxiety (below 16 only). | 20-23 |
| 2\_Social\_Anxiety\_below18\_(online or in-person)\_V2 | **PIS:** social anxiety participants recruited via schools/summer camps or online. | 24-27 |
| 3\_Social\_Anxiety\_local\_community\_(in-person)\_V3 | **PIS:** social anxiety participants recruited via the local community, tested in-person. | 28-31 |
| 4\_Social\_Anxiety\_local\_community\_(online)\_PIS\_consent\_V3 | **PIS & consent:** social anxiety participants recruited via local community, tested online. | 32-37 |
| 5\_Social\_Anxiety\_online\_platforms\_PIS\_consent\_V3 | **PIS & consent:** social anxiety participants recruited and tested via the online research platforms. | 38-43 |
| 1\_General\_population\_parents\_information\_sheet\_V3 | **PIS:** parental information sheet for parents with children from general population (below 16 only). | 44-47 |
| 2\_General\_population\_below 18\_(online or in-person)\_V4 | **PIS:** General population participants recruited via schools/summer camps, tested in-person or online. \*\*UPDATED\*\* | 48-51 |
| 3\_General\_population\_local\_community\_(in-person)\_V5 | **PIS**: General population participants recruited via the local community and tested in person.  \*\*UPDATED\*\* | 52-55 |
| 4\_General\_population\_local\_community\_(online)\_PIS\_consent\_V5 | **PIS & Consent**: General population participants recruited via the local community, tested online.  \*\*UPDATED\*\* | 56-61 |
| 5\_General\_population\_online\_platforms\_PIS\_consent\_V4 | **PIS & Consent**: General populationparticipants recruited and tested via online research platforms. | 62-66 |
| Consent\_in\_person\_schools\_below18\_V5 | **Consent:** participants (social anxiety and general population) recruited via schools/summer camps, tested in-person.  \*\*UPDATED\*\* | 67-68 |
| Consent\_online\_schools\_below18\_V4 | **Consent:** participants (social anxiety and general population) recruited via online platform (children helping science), tested online.  \*\*UPDATED\*\* | 69-70 |
| Consent\_in\_person\_UCL\_above18\_V4 | **Consent:** participants (social anxiety and general population) recruited via local community, tested in-person. | 71-72 |
| Flyer\_Social-Anxiety\_in-person\_school\_V2 | **Flyer**: social anxiety group tested in person (advertised via schools). | 73 |
| Flyer\_ Social-Anxiety\_online\_in-person\_community\_V2 | **Flyer:** social anxiety group tested online or in person (advertised via local community). | 74 |
| Flyer\_general\_online\_in-person\_school\_V2 | **Flyer**: general population tested in-person or online (advertised via schools/summer camps/online platforms). | 75 |
| Flyer\_general\_online\_in-person\_community\_V3 | **Flyer**: general population tested online or in person (advertised via local community). | 76 |
| General\_population\_parents\_optin\_information\_sheet | **PIS**: parents of children (14-18) in schools using opt-in consent method. | 77-80 |
| Consent\_parent\_online\_school\_below16 | **Consent**: parents of children (14-15) in schools choosing opt-in consent method. | 81-82 |
| *For hunger questionnaire development* | | |
| 6\_General\_population\_information\_sheet\_online\_platforms\_hunger\_V5 | **PIS:** General populationparticipants recruited and tested online for the hunger questionnaire development | 83-86 |
| Consent\_Hunger\_online\_above18\_V1 | **Consent:** general population recruited and tested via online platforms for hunger study. | 87-88 |
| Flyer\_general\_online\_MindMAPproject | **Flyer**: General population tested online (advertised via online platforms) for hunger questionnaire | 89 |
| For preference assessment | | |
| 11\_General\_population\_online\_preference\_platforms\_PIS\_consent\_V5 | **PIS & Consent: General population participants recruited and tested online for the hunger questionnaire** |  |
| Flyer\_general\_online\_PrefProject\_V5 | **Flyer: General population tested online (advertised via online platforms) for the preference questionnaires.** |  |