UNIVERSITY OF MICHIGAN
CONSENT TO BE PART OF A RESEARCH STUDY

NAME OF STUDY AND RESEARCHERS

Title of Project: Electronic Bridge to Mental Health (e-Bridge) for College Students

Principal Investigator: Cheryl A. King, Ph.D., University of Michigan

Co-Investigators: Stephen Chermack, Ph.D., Daniel Eisenberg, Ph.D.,

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GENERAL INFORMATION

Researchers at the University of Michigan, University of Iowa, University of Nevada-Reno, and Stanford University are conducting research with college students to learn about *e*Bridge, a service to help link students with depression or other emotional difficulties to services or resources that may be helpful. We hope to learn about how to best implement *e*Bridge and to find out if it improves linkages to services or resources.

INFORMATION ABOUT STUDY PARTICIPANTS

University of Michigan college students (18 years and older) are eligible to participate in the study. We anticipate 909 students to participate at the University of Michigan, and 2305 across all sites. Your participation is voluntary--your decision of whether to participate will not affect your standing at this university in any way, and you will not be penalized in any way if you decide not to participate. You may discontinue participation at any time.

What is involved if I participate in this study?

Part 1:

If you agree to participate, we will ask you to complete an online survey that will either take 2 to 5 minutes or 8 to 10 minutes, depending upon the number of questions included in your survey. All students will be asked questions about their age, race, ethnicity, thoughts, behaviors, and moods. All students will also be asked questions about their use of mental health services. Some students will be asked additional questions about their emotions and behaviors, views about mental health services, and academic functioning. The survey will require a total of 8 to 10 minutes for these students. We anticipate that approximately 5 to 10 percent of students will be presented these additional questions. These students will be identified based on their responses to the first set of questions. They are students for whom we anticipate that the *e*Bridge intervention may be helpful.

Part 2:

All students who complete the longer online survey will have an opportunity to view personalized feedback regarding their survey responses. Approximately one-half of these students will be randomly selected to participate in the *e*Bridge intervention, which will present them with the option of

exchanging online messages with a professional counselor about their personalized feedback, their concerns and/or the availability of resources in the campus community. For the randomization, each student has approximately a 50-50 chance of being assigned to the *e*Bridge group or the personalized feedback and information services group only.

We may obtain records from your university's counseling center or mental health clinic to determine if you have utilized mental health services during your participation in the study. We may also obtain your academic records (e.g., enrollment, grade point average) to assess your academic functioning during the study. These records will be used for research purposes only and will be kept confidential by the research team.

Personalized Feedback Group:

You will receive personalized feedback regarding your survey responses that will include information about local services available.

We will contact you again four weeks later and approximately five to six months later for online follow-up surveys (lasting 6-10 minutes) about how you are doing and any services you have obtained.

Online Message group:

You will receive personalized feedback regarding your survey responses that will include information about local services available and you will have the option to exchange online messages with a professional counselor.

The counselor does not provide treatment and is unable to respond rapidly to online messages requiring immediate assistance for risk or harm to self or others.

We will contact you again four weeks later and approximately five to six months later for online follow-up surveys (lasting 6-10 minutes) about how you are doing and any services you have obtained.

FINANCIAL INFORMATION

Will I be paid or given anything for taking part in this study?

Regardless of whether or not you participate, you will be automatically entered into a random drawing for gift cards (ten $100 gift cards at each participating university).The drawing will be conducted at the University of Michigan on November 14, 2014. Winners will be notified by email within three business days and asked to provide their names and mailing addresses so prizes can be mailed. You may opt out of the drawing by contacting the researchers by email.

If you participate in Part 2 of the study, you will receive a $10 gift card for completion of the initial survey. You will also receive an additional $15 gift card for completing the four week survey and an additional $25 gift card for completing the five to six month survey.

Do I have to pay anything to participate in this study?

There are no costs to you for participating in this study.

INFORMATION ABOUT RISKS AND BENEFITS

What are the risks associated with my participation?

Some of the questions will ask you about sensitive or personal information such as your emotional health. These questions might make you feel uncomfortable or anxious. At the end of the survey you will receive a list of resources on campus that can provide help and support if ever needed. If responding to any questions makes you feel distressed, we urge you to call any of the resources listed. There is also risk that information about you could be discovered by those who are not part of the research team.

What are the benefits from my participation in this research?

You may not receive any personal or direct benefits from being in this study. We expect students may learn important information about available services. Some students may also link to needed services as a result of study participation.

We expect this research to be used to gain an understanding of how to best provide links and resources for college students.

CONFIDENTIALITY OF SUBJECT RECORDS

How will my privacy and confidentiality be protected?

We will do everything we can to protect your privacy. We will obtain a Certificate of Confidentiality from the National Institute of Health for this study. This protects us from having to release information that could be used to identify you. It allows us to refuse to disclose such information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. It does not however, prevent you from choosing to disclose information that we obtain in this study to physicians or others.

We will maintain a secure data environment using Secure Sockets Layer (SSL) encryption technology. Although students are providing personal information transferred through a study website, we will never link this information to any of the study data (from the surveys and from the correspondence via the website). We will only use identifying information (name and email address) to recruit students for participation, contact students who win gift cards in the random drawing, to obtain records (see additional information below), or to contact you for optional participation in future phases of this project. We will keep your contact information on file after the six month assessment in order to keep you updated on the progress of the study and to contact you for possible participation in future phases of the study. Your contact information will be stored in a password protected data file, which will only be available to the research staff.

The data from this study, without any identifiable information, will be retained in a secure repository for future research purposes. Records will be kept confidential to the extent provided by federal, state, and local law. However, the Institutional Review Board, the sponsor of the study, or university and government officials responsible for monitoring this study may inspect these records.

Should you accidentally leave a session open on a computer that may be viewed by others, the computer will automatically log-off. After 10 minutes of idle time, you will receive a notification that the session will be logged off in 1 minute unless you click to continue the session.

Agreeing to participate in this study gives the researchers your permission to obtain, use, and share information about you for this study, and is required in order for you to take part in the study. Information about you may be obtained from any hospital, doctor, and other health care provider involved in your care, including:

- Mental health care records (except psychotherapy notes not kept with your medical records)
- All records relating to your condition, the treatment you have received, and your response to the treatment

There are many reasons why information about you may be used or seen by the researchers or others during or after this study. Examples include:

- The researchers may need the information to make sure you can take part in the study.
- The researchers may need the information to check your test results or look for side effects. University, Food and Drug Administration (FDA), and/or other government officials may need the information to make sure that the study is done in a safe and proper manner.

CONTACT INFORMATION

What if I have any questions about the study?

If you have questions about this research, the study questions, or this consent process, you can contact the Principal Investigator: Dr. Cheryl King at kingca@umich.edu

University of Michigan Medical School Institutional Review Board (IRBMED) 2800 Plymouth Road, Building 520, Room 3214, Ann Arbor, MI 48109-2800, 734-763-4768

If you are concerned about a possible violation of your privacy, contact the University of Michigan Health System Privacy Officer at 1-888-296-2481.

When you call or write about a concern, please provide as much information as possible, including the name of the researcher, the IRBMED number (HUM00091681), and details about the problem. This will help University officials to look into your concern. When reporting a concern, you do not have to give your name unless you want to.

(Note: if you wish to save or print a copy of this consent document for your own records, you can click here to view a printable version).

- I have read the information above and consent to participate in this study.
- I do not wish to participate in this study and understand that there is no penalty for not participating.