



THE UNIVERSITY  
OF QUEENSLAND

*This study adheres to the Guidelines of the ethical review process of The University of Queensland and the National Statement on Ethical Conduct in Human Research. Whilst you are free to discuss your participation in this study with project staff, Adam Lo, contactable on 07 30894100, if you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Coordinator on 3365 3924.*



<b>Version:</b> 5.0A	<b>Last Amended:</b> 01 February 2018	<b>Next Scheduled Review:</b> 01 February 2019
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## Participant Information and Consent Form (For Parents and Guardians)

**Arts On Our Mind: The effectiveness of creative activities in promoting mental wellbeing and reducing psychopathological symptoms in children of families with a mental illness**

Child and Youth Academic Clinical Unit  
Metro South Addiction and Mental Health Services  
Metro South Health  
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## **Participant Information and Consent Form**

**Version 5.0A:** 01 February 2018

**Site:** Child and Youth Academic Clinical Unit , Metro South Addiction and Mental Health Services

**Full Project Title:** **Arts On Our Mind: The effectiveness of creative activities in promoting mental wellbeing and reducing psychopathological symptoms in children of families with a mental illness**

**Research Supervisor:** Dr Matthew Bambling (Psychologist) – Principal Advisor  
E.Professor Graham Martin (Psychiatrist) – Secondary Advisor

**Principal Researcher:** Adam Lo (Occupational Therapist – Mental Health)

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**Your child is invited to take part in a research which looks at how useful creative activities might help to promote mental wellbeing and reduce psychopathological symptoms (signs and symptoms of mental health problems) in young people, particularly in children with parents or who came from families where someone has a mental illness (COPMI).**

**Your child will either take part in the group as the intervention or experimental group, or as the waitlist group. Both groups are equally important to provide an insight into whether creative arts are effective tools to promote positive mental wellbeing and reducing psychopathological symptoms in COPMI populations.**

**You will be informed of how and which part of the research that your child will be involved in. All research participants will have access to the interventions provided by the research (which simply occurs at a later date for the waitlist group).**

**Please read this information carefully. Ask questions about anything that you do not understand or wish to know more about. Whether you want your child to take part in this research or not is totally up to you.**

**If you decide that you would like your child to take part in the group, you will be asked to sign the consent section of this form. By signing it, you are telling us that you:**

- **understand what you have read;**
- **agree for your child to take part in the research and its activities;**

- **agree to the use of your child's personal and health information as described.**

## **ABOUT THE GROUP**

- The purpose of this research is to see if the use of creative activities can promote mental wellbeing and help lower the signs and symptoms of mental health problems (psychopathological symptoms) in children who are from families where someone has a mental illness.
- This research is initiated by Adam Lo, a mental health occupational therapist completing his Doctorate of Philosophy at the University of Queensland and supervised by Dr Matthew Bambling and Professor Graham Martin. He is also an employee of Metro South Health.
- Taking part in this research may involve taking part in a creative activities group with five sessions of a 3-hour group on a weekly basis. The group will include a variety of purposeful creative arts activities and exercises. Participants will also fill out three sets of questionnaires at the start of the intervention and again after the five weeks, as well as at one month after finishing with the intervention. Participants assigned to the waitlist group will also complete the questionnaire and then offered the option to receive the intervention after this process is completed. Three brief questionnaires (Session Rating Scale, Outcome Rating Scale and Groups Outcome Rating Scale) will also need to be completed during each session over the five weeks. Parents/guardians may also be asked to complete questionnaires. The groups will be held at 51 Wembley Road, Logan Central, QLD.
- Possible benefits of the research interventions may include better self esteem, awareness of personal strengths and weaknesses as well as the ability to connect with other peers.
- There is no direct physical risk to you when participating in this research. Any hazards or risks in the environment will be looked into by the facilitators in a timely manner.
- If any participants become anxious and distressed when thinking about unpleasant experiences that may have occurred in the past, appropriate action and support will be provided. This includes referral to a suitable mental health clinician or service for counselling and if required, further assessment and treatment.
- Participants have the right to cease their participation at any time
- Overall progress and results of the pilot group can be provided to participants if required.
- All information taken for the purpose of this research will be treated as strictly confidential and will be stored in a secure manner for up-to 15 years. Only relevant people involved with the project will have access to this data. Furthermore, any information will only be disclosed with your permission, except as required by law. With appropriate ethics approvals, the results of the group may be used as part of a research and published in scientific journals or presented at scientific conferences. In any publication and/or presentation, information will be provided in such a way that your child will not be identified.
- In the future we may be interested in studying your progress beyond three months. If we decide to do this, we would have this additional study approved by an ethics committee. If you are happy to take part in a further follow up study beyond three months, please tick the box on the consent form. This is completely voluntary.

**Who can I contact?**

If you would like any more information about this project or if you have any problems or concerns relating to your involvement in the project, you can contact the research coordinator, Adam Lo on (07) 3089 4100 or [adam\\_lo@health.qld.gov.au](mailto:adam_lo@health.qld.gov.au)

**CONSENT**

I have read, or have had read to me in a language that I understand, this document and I understand the purpose and procedures of this research.

I give permission for my child’s information and other information I have shared about my family to be used for future research activities and that the information can be shared between appropriately qualified people involved with the research. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am happy with the answers I have received. I freely agree to participate in this research project as described.

I understand that I can have a copy of this form if required. I understand that the information my child and I provide to the researchers will remain confidential taking into account any legal requirements placed on the coordinators.

I understand that the information my child and I provide for this project may be used for other projects with ethics approval.

**Parent/Guardian’s name** (printed)

I have read the information contained within the Participant Information and Consent Form. I have been given the opportunity to ask questions and received satisfactory answers. I agree to enrol my child in this study.

Date

Name..... /...../.....

Signature .....

- Please tick to obtain a summary of the findings when this project is completed.**
- Please tick here if you consent to consider your participation in further study that may or may not be related to this particular research in the future. You will need to complete another consent form.**

Declaration by clinician/researcher\* gaining consent: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant and his or her parent/guardian have understood that explanation.

Clinician’s name (printed)

Date

..... /...../.....

Signature .....

*Note: All parties signing the consent section must date their own signature.*