



Canadian Mental
Health Association
Newfoundland and Labrador

Consent Form

Researcher information:

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A student researcher, Fiona Wilson, will also be assisting with the project

Project title: Narrating and Navigating: Your Lived Experience Using Mental Health and Addictions Services in Newfoundland and Labrador

This study will help advance CMHA-NL's Public Report Project with data-driven and evidence-based research. The purpose of this study is to identify gaps in mental health and addictions services, opportunities for improvements, and highlight beneficial services.

Participation in this study is voluntary and I understand that I am free to leave any questions unanswered and withdraw from the project at any time. During my participation in the study, I will participate in the following tasks:

Questionnaire: I will be asked to complete a demographic questionnaire following the completion of the consent form.

Interview: I will also be asked to participate in an interview of approximately 60-90 minutes. Interviews will be conducted using encrypted video technology (Zoom) or by telephone at a mutually determined time between the interviewer(s) and myself in June 2020.

I acknowledge that the interview will be recorded, and that data collected through this study will be kept for a period of five years in CMHA-NL's secure, password protected, records. I acknowledge that only the study team will have access to recordings. Any information that I share will remain confidential unless I expressly give my consent to have my name identified in the Public Reporting Project by providing consent below. Anonymity will be assured in the following manner. The researchers will code all the study records and the link between the codes and the study information will be kept in a separate, secure, password protected location.

I will be given a \$25.00 Tim Hortons gift card upon completion of my scheduled interview. I will receive a copy of this consent form and if I have any questions about the conduct of the research, I may contact the researchers.

By signing and completing this form I agree to participate in this research, I confirm that I identify as a person with lived experience with mental health challenges and/or mental illness and/or addiction(s), I confirm that I have used or navigated mental health/addictions services in Newfoundland and Labrador, and I agree that I am 18 years of age or older.



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Please note that interviewers cannot give medical advice to study participants. If you have specific questions regarding your health care, please contact your family physician or call 811. For more information about resources and services for mental illness or addiction offered in NL, please visit <http://cmhanl.ca/> or call 1-877-753-8550.

Please type your name below to indicate that you have read this consent form and that you agree to participate in this research study.

Please indicate the date below in the following format: Day, month, year; for example, 18, March, 2020.

I agree that a brief synopsis can be included for the publication of the Public Reporting Project that includes my name, the type of mental health and/or addiction(s) services I have accessed or attempted to access, and a quote of my experience. I understand that the synopsis will not be included in the publication of the Public Reporting Project unless it has been reviewed and approved by me:

YES ☐

NO ☐

I agree that the information that I provide during the interview can be quoted anonymously for the publication of the Public Reporting Project:

YES ☐

NO ☐

Please indicate your preference for style of interview:

Encrypted Zoom Video and Audio Interview ☐

Encrypted Zoom Audio Interview (No Video) ☐

Telephone Interview ☐



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Demographic Questionnaire

The following information is being collected to ensure that we are collecting a sample that is representative of the Newfoundland and Labrador population and the results of the questionnaire may be included in analyses for the publication of the Public Reporting Project. While it is helpful to us if you provide the information in the form below, if you do not feel comfortable doing so, you are in no way obligated to do so. Please know that any information you provide will be kept strictly confidential unless you have given us explicit permission in the consent form to include your name and services that you have or have attempted to access in the publication of the Public Reporting Project.

1. What is your sex (please check one box)?

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Other (please describe) _____

2. Please indicate your age: _____

3. What would you consider to be your ethnicity? _____

4. What is your annual household income?

- | | |
|--|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$60,000 - \$80,000 |
| <input type="checkbox"/> \$20,000 - \$40,000 | <input type="checkbox"/> \$80,000 - \$100,000 |
| <input type="checkbox"/> \$40,000 - \$60,000 | <input type="checkbox"/> More than \$100,000 |

5. Please check the highest level of formal education attained:

- ☐ Did not complete high school
- ☐ High school degree
- ☐ College degree



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☐ University degree

☐ Graduate degree

6. Please indicate type of occupation and any professional designation (e.g., MD, CPA, etc.):

7. Please indicate which mental health and/or addictions services you have or have attempted to access:

8. What is/are your native language(s)?

9. In which area do you live?

☐ St. John's

☐ Conception Bay South

☐ Mount Pearl

☐ Paradise

☐ Corner Brook

☐ Grand Falls-Windsor

☐ Gander



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- ☐ Portugal Cove - St. Philip's
- ☐ Happy Valley – Goose Bay
- ☐ Torbay
- ☐ Other (please describe) _____

10. Please indicate three dates/times that would be convenient for us to meet and interview you:

1. _____
2. _____
3. _____

Thank you very much for your participation!