

## CONSENT FORM

**TITLE:** *Engaging patients in evaluating patient experience in Addiction and Mental Health*

**SPONSOR:** *Alberta Health Services, Canadian Mental Health Association, University of Calgary, Canadian Health Services Research Foundation*

**INVESTIGATORS:** *Dr. Shawn Currie and Ms. Priscilla Liu, Addiction and Mental Health Services. Phone: (403) 943-2284 or (403) 943-2276*

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

### **BACKGROUND**

Research has shown that there are benefits to involving clients in the planning, design and evaluation of health care services. We are interested in finding out what clients of addiction and mental health services view as important to their experience with the care and service they receive. This information may help improve the evaluation and delivery of programs and services for people living with addiction and mental illnesses.

### **WHAT IS THE PURPOSE OF THE STUDY?**

The purpose of this study is to identify aspects of our service that are most important to the clients of addiction and mental health services. We would like to hear your thoughts on what would make your experience with addiction and mental health services a positive one. We also would like your feedback on how to assess your experience with the care and service you receive.

### **WHAT WOULD I HAVE TO DO?**

Participants will be asked to take part in a focus group. Each focus group will involve 6-8 people and will be about 1.5-2 hours in length. The sessions will be held at various service locations to minimize your travel. You will be asked questions related to client experience with addiction and mental health services. These meetings will be audio taped so we are sure to capture all your feedback. After the tapes are transcribed, they will be erased.

**WHAT ARE THE RISKS?**

There are minimal risks to participating in the focus groups. Your participation is voluntary and confidential. However, should you feel concerned, you are free to withdraw from participating at any point during the session.

**WILL I BENEFIT IF I TAKE PART?**

If you agree to participate in this study there may or may not be a direct benefit to you. You will have an opportunity to express your views and provide feedback on the services and care you receive. Your comments may contribute to a better understanding of how to evaluate and improve services in Addiction and Mental Health. The information we get from this study may help us to provide better treatments in the future for patients with mental health problems.

**DO I HAVE TO PARTICIPATE?**

Your participation is completely voluntary. You have the option to withdraw from the focus group at any time without impacting your present or future care. If you want to withdraw from the focus group, please tell the moderator or research coordinator. The researcher may also withdraw you from the focus group if concern arises about your participation causing undue stress.

**WHAT ELSE DOES MY PARTICIPATION INVOLVE?**

We may contact you after the focus groups are completed to get more information about your experiences. You may decline further participation if you choose.

**WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?**

There will be food and beverages provided at the focus groups.

**WILL MY RECORDS BE KEPT PRIVATE?**

All information obtained will be kept confidential and your anonymity will be protected. The information will be shared in aggregate, de-identified form within Alberta Health Services, the granting agency and the co-sponsors for research and quality improvement purposes. The focus group sessions will be audio taped and direct quotes may be used. However, participants will not be identified by name or other identifiable information. In addition, we will ask that focus group participants agree to keep what is discussed and shared confidential within the group.

**SIGNATURES**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr. Shawn Currie (403) 943-2284

Or

Ms. Priscilla Liu (403) 943-2276

If you have any questions concerning your rights as a possible participant in this research, please contact The Director, Office of Medical Bioethics, University of Calgary, at (403) 220-7990.

_____ Participant's Name	_____ Signature and Date
_____ Investigator/Delegate's Name	_____ Signature and Date
_____ Witness' Name	_____ Signature and Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.