Key Information

- This is a research project and participation is voluntary, which means that you have no obligation to participate, and can decide to stop your participation at any point.
- The purpose of this project is to evaluate the Life is Precious (LIP) program, which serves communities across New York City by providing coordinated services in an after-school program setting with the aim of preventing suicide in Latina youth. The researchers want to know whether participating in LIP in addition to mental health treatment helps adolescents more than just participating in mental health treatment by itself. Participants complete six interviews in a period of 12 months, taking place now, and after 1, 3, 6, 9 and 12 months.
- There is a risk that information collected in the study could be known to someone other than the study researchers. Both the LIP program staff and the research team have procedures in place to make sure that the information remains confidential.
- The researchers do not expect any direct benefits for the participants of the study. For every interview the participant completes, they receive a $25 Target gift card and a $5.50 metro cards, until the last interview, where she will receive a $50 Target gift card. She can receive up to a total of $175 in gift cards and 6 metro cards ($33).

Purpose and Overview

UMMHC/Bowen is partnering with researchers at Columbia University/New York State Psychiatric Institute as part of a study conducted in collaboration with the Life is Precious (LIP) program. We are trying to find out what services help adolescents feel better, stay in school, and reduce suicidal thoughts and behaviors. Specifically, we are evaluating whether participating in after-school activities designed to promote adolescents' mental health in addition to participating in outpatient mental health treatment helps adolescents more than just participating in outpatient mental health treatment by itself. This study is funded by a grant from the New York Community Trust.

Voluntary

Participation in this research study is voluntary. If you decide not to consent participation, or if you later decide to stop participation, your child can still participate in all of the clinic's activities.

Procedures

The study consists of a total of six interviews, a baseline interview and interviews after one, three, six, nine, and twelve months. Interviews can be completed in person or by phone. Each interview assessment takes up to one hour approximately.

Risks and Inconveniences

There is a risk that information that is collected in the study could be known to someone other than the study researchers. Both the clinic staff and the research team have procedures in place to make sure that your daughter's information remains confidential.

Benefits

We do not anticipate any direct benefits to your daughter by participating.

Confidentiality

Both the clinic staff and the research team have procedures in place to make sure that your daughter's information remains confidential. In-person interviews will occur in a private area. Visits may be conducted remotely using the telephone. Identifiable information will be stored on paper records in a locked file cabinet at New York State Psychiatric Institute and on a secure, password-protected server. Data will be kept confidential to the extent permitted by law. De-identified data will be stored on a secure, password protected server. De-identified data may be used in future evaluations of the Life is Precious program. Records will be retained and destroyed in accordance with policies at the New York State Psychiatric Institute and other regulatory bodies, currently 10 years after the study ends.

All responses will be reported in aggregate and will not identify your daughter's responses. Study personnel will contact the on-call clinician if your daughter reports that she is seriously thinking about killing herself or has made a suicide attempt or is at risk of harm to herself or others. Study personnel are mandated reporters of physical and sexual abuse.

UMMHC program staff and the researchers will know about your daughter's participation in the study. The researchers will not share your daughter's individual responses with you, her providers, or other agency staff, except for reportable information as described above (risk of harm to self or others or physical or sexual abuse).

Records will be available to research staff, and to Federal, State and Institutional regulatory personal (who may view records as part of routine audits).

Study Compensation

Your daughter will receive a $25 Target gift card and $5.50 metro card every time she is interviewed during the study, until the last interview, where she will receive a $50 Target gift card. She can receive up to a total of $175 in gift cards and 6 metro cards ($33).

In Case of Injury

Federal regulations require that we inform participants about our institution's policy with regard to compensation and payment for treatment of research-related injuries.

If you believe that you have sustained an injury as a result of participation in a research study, you may contact the Principal Investigator, Jennifer Humensky at (646) 774-8405 so that you can review the matter and identify the medical resources that may be available to you.

Questions

We will answer all of your questions to the best of our ability, now or anytime in the future. If you have any more questions, you can call Jennifer Humensky at New York State Psychiatric Institute (646) 774-8405.

If you have any questions about your rights as a research participant, want to provide feedback, or have a complaint, you may call the NYSPI Institutional Review Board (IRB). (An IRB is a committee that protects the rights of participants in research studies). You may call the IRB Office at (646)774-7155 during regular office hours.

Documentation of Consent

I voluntarily agree to consent my daughter's participation in the research study described above.

Print name: _____

Signed: _____

Date: _____

I have discussed the proposed research with this parent/guardian including the risks, benefits, and alternatives to participation (including the alternative of not participating in the research). The parent/guardian has had an opportunity to ask questions and in my opinion is capable of freely consenting to participate in this research.

Print name: _____

Person Designated to Obtain Consent

Signed: _____

Date: _____

You will be given a copy of this consent form to take with you.