



Wisconsin Initiative for Stigma Elimination

Dear Parent/Guardian,

Attached is information on a project aimed at understanding issues related to youth disclosure of their mental health experiences.

You and your children are invited to participate in an online survey, taking approximately 15-20 minutes to complete. Each participant will be compensated with a \$5 Amazon.com electronic gift card (send to your e-mail address) within 30 days after completion of the survey.

If you would like to participate in the ADULT survey, please contact Blythe Buchholz at youthmentalhealthsurvey@gmail.com. She will direct you to the online survey. You will provide consent to participate online.

If your child is interested in participating in the youth survey, and you give them permission to do so, please sign the attached Minor Consent/Assent form. You can then simply scan or take a photo of the signed consent form and send it to the email address youthmentalhealthsurvey@gmail.com. Blythe will then provide you with the link to the youth survey.

Attached please find the consent/assent form for your child, if you would like them to participate in this study. Please note, you can participate in the adult survey even if you do not wish for your child to participate in the youth survey.

Should you have any questions or concerns, please email Blythe Buchholz at youthmentalhealthsurvey@gmail.com.

Thank you very much for your time and consideration!

Wisconsin Initiative for Stigma Elimination (WISE)
www.endstigmatogether.org

Appendix C
Minor Assent Form/Parent Consent (For those under the age of 18)

I understand that my participation in this research study is voluntary and that I may withdraw from the study at any time without penalty. I am aware that my information will be kept confidential. Participation in this study will have no effect on my grades at school.

As a study participant, I will spend approximately 20 minutes completing an online questionnaire that asks about my age, race, and gender, in addition to my opinions about issues related to mental health and talking about mental health issues.

For participation in this study, I will receive a \$5 Amazon gift card.

No identifying information (like my name, age, etc.) will be linked to my survey answers. My information will not be sold to anyone and it will not be used to contact me regarding another study. This information will be securely stored and will not be accessible to anyone other than the Principal Investigator and research assistants associated with this project. I understand that any information recorded for the purpose of this study will be destroyed after six years.

I understand that this research presents no risks other than what I might feel from thinking about the topic of mental health and the questions that are asked, as well as a possible loss of confidentiality. I understand that a psychologist, Dr. Patrick Corrigan, is available for me to talk to, free of charge, to discuss my situation or my feelings, which may be due to my participation in this study. Dr. Corrigan can be contacted at 312-567-6751.

Any further questions about the research and my rights as a participant will be answered if I contact the project director, Dr. Patrick Corrigan, College of Psychology, at 312-567-6751. I understand that the Illinois Institute of Technology is not responsible for any injuries or medical conditions I may suffer during the time I am a research subject unless those injuries or medical conditions are due to IIT's negligence. I may address questions and complaints to Glenn Krell MPA, CRA, Executive Officer of IIT Institutional Review Board at (312) 567-7141.

I have read the material above and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without penalty at any time.

*I have received a copy of the consent form.

Participant Signature _____ Date _____

Parent Signature _____ Date _____

APPROVED
IIT/IRB
EXPIRES October 16, 2016