

**INFORMED CONSENT FORM**  
**STAGE 1. BASIC SYMPTOM ITEM POOL**

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2  
3  
4 **1. INTRODUCTION**

5  
6 We are #MentalHealthPH, a community-based mental health organization. We are based in  
7 Quezon City, with chapters in Iloilo City, Cebu City, and the Bicol Region. We are doing research,  
8 and the principal investigator (PI) for this project is Dr. Ronald Del Castillo. We are developing  
9 mental health mobile applications (“apps” or “chatbots”) that you could download and use on your  
10 phone or tablet. We hope that the apps could help Filipinos with mental health concerns or  
11 problems. You are invited to participate.  
12

13 This information sheet is about our research. We have done our best to make clear what the  
14 research involves. If you wish to ask for clarifications or want additional information, you are  
15 encouraged to contact anyone in the research team. You do not have to decide right now—or  
16 even today—if you will participate in the research. We encourage you to reflect on it. If there is  
17 anything you see, read, or notice that you do not understand about the research, you can talk to  
18 anyone whom you feel comfortable with about the project. We will assist you.  
19

20 **2. PURPOSE OF THE RESEARCH**

21  
22 This study involves research. The overall goal of this research is to develop mobile apps or  
23 chatbots and to test them and see if they can promote mental wellbeing and reduce psychological  
24 or emotional distress. This is a multi-year, 8-stage project. Your participation is requested in Stage  
25 1, and this consent applies only to Stage 1. In Stage 1, we hope to create a comprehensive but  
26 succinct picture of how Filipinos experience depression and anxiety and to identify interventions  
27 that might be used in a phone app.  
28

29 **3. TYPE OF RESEARCH INTERVENTION**

30  
31 In Stage 1, there is no intervention. You will not receive an intervention.  
32

33 **4. PARTICIPANT SELECTION**

34  
35 We are inviting between 75 and 90 adult Filipinos across the Philippines, aged 18 years or older.  
36 We are looking for participants who own a mobile device they regularly use and with reasonable  
37 and reliable internet access. You must also be able to read or understand Filipino or English.  
38

39 We are looking for Filipinos with a current or recent clinical diagnosis of a depressive disorder or  
40 an anxiety disorder. We also require that you have had at least one depressive episode or anxiety-  
41 related episode lasting at least 2 weeks and leading to significant impairment in the past 12  
42 months. Finally, we require that you have had current or recent contact with mental health services  
43 or treatment. By agreeing to participate in this research, you are disclosing and affirming that you  
44 meet these requirements.  
45

46 **5. VOLUNTARY PARTICIPATION**

47  
48 Your participation in this research is entirely voluntary. It is your choice whether to participate or  
49 not. Whether you choose to participate or not, it does not change anything about the benefits or  
50 services you may be currently receiving or will receive in the future. If you choose not to participate  
51 in this research project, it does not change anything. You may change your mind later and stop  
52 participating even if you agreed earlier.  
53

54 **6. PROCEDURES AND PROTOCOL**

55  
56 Step 1. First, we encourage that you carefully read this Informed Consent Form.

57  
58 Step 2. When you click “Yes” on the website, you agree to participate and can begin to answer  
59 the basic demographic questions. When you click “No,” you decline to participate, and you will be  
60 automatically exited from the website.

61  
62 Step 3. You will then answer two online surveys: (a) one on depression and (b) one on anxiety.  
63

64 Stage 4. The research team will then contact you by phone, email, or messenger to schedule an  
65 online meeting for a semi-structured interview. The interview will cover two broad topics: (a) a  
66 follow-up to your responses to the survey questionnaires and (b) a discussion on what you think  
67 a useful and helpful mobile app should look like.  
68

69 Step 5. Finally, there is an emergency phone number should you feel distressed. You should feel  
70 free to contact the research team at any point throughout your participation. However, please  
71 know that there is no live person monitoring the app. The chat function is a robot, not a person. If  
72 you feel distressed and wish to get support, it is best to contact the emergency phone number, to  
73 talk to a trusted adult (e.g., a friend or loved one), or to go to the nearest emergency room.  
74

## 75 7. RESPONSIBILITIES OF THE PARTICIPANT 76

77 Your participation will involve the following:  
78

- 79 1. To ask questions or clarification about this Informed Consent Form or any other aspects  
80 of the project
- 81 2. To respect privacy and maintain confidentiality
- 82 3. To answer as honestly as possible  
83

## 84 8. RESPONSIBILITY OF THE PROJECT TEAM 85

86 Dr. Ronald Del Castillo is the principal investigator. This means that he has oversight of the entire  
87 project, ensuring that the data collection, including your participation, is consistent with the data  
88 and safety monitoring plan. Along with the project staff as well as #MentalHealthPH, which is the  
89 proponent organization for this project, we are responsible for your safety, for you to understand  
90 this consent and what your involvement entails, and for answering your questions or concerns.  
91

## 92 9. DURATION 93

94 The entire research project is 24 months, though your participation is limited. The surveys will  
95 take about 10-15 minutes. The interview will take approximately 60-90 minutes. These might take  
96 longer or shorter. How often and how long you use the app depend on you. However, the app  
97 might prompt you with automated reminders to use it.  
98

## 99 10. SIDE EFFECTS 100

101 There is no medical intervention or procedure involved in Stage 1. There are no anticipated side  
102 effects, although there are risks and possible discomfort, which we describe below.  
103

## 104 11. DISCOMFORTS, INCONVENIENCES, AND RISKS 105

106 Potential risks associated with participation are unlikely, of low risk, and transient. Answering  
107 potentially sensitive questions might lead to psychological distress. For example, unwanted  
108 changes in thoughts or emotions may come from answering questions about mental wellbeing,  
109 psychological concerns or problems, and other perceived sensitive topics.  
110

111 To help minimize potential psychological distress and to help ensure confidentiality, the research  
112 team uses the following strategies:

- 113  
114 1. The research team is trained to listen to your concerns calmly and patiently so that you  
115 can be directed to appropriate support.  
116 2. The research team can link you to trained and registered mental health professionals.  
117 3. There is a “get support” page on the research website, on the mobile app, and at the end  
118 of this consent form.  
119

## 120 12. BENEFITS

121  
122 Your completion of the surveys and interviews might lead to self-reflection about your own health,  
123 behaviors, and community. Bringing these issues to awareness might lead to new information or  
124 knowledge. However, you might not experience direct benefits.  
125

## 126 13. COMPENSATION, REIMBURSEMENTS, AND EXPENSES

127  
128 There might be some material costs to you (e.g., internet data while using your phone) as well as  
129 other costs (e.g., loss of study or leisure time). You will be given P500 for completing the survey  
130 and P150 for the interview.  
131

## 132 14. PRIVACY AND CONFIDENTIALITY

133  
134 With this research, something out of the ordinary is being done. It is possible that if others are  
135 aware that you are participating, they may ask you questions. Every effort will be made to remind  
136 you and the other participants to respect privacy and keep confidentiality. The research team will  
137 not be sharing the identity of those participating in the research.  
138

139 All data will be automatically uploaded to a secure password-protected database. As required by  
140 ethical guidelines, the research team will keep the data for at least 3 years following the  
141 submission of the final report to the Ethics Review Board. Please be reminded that the reported  
142 data will be aggregated; no individual data can be linked to you. The data will be shredded and/or  
143 otherwise destroyed after 3 years.  
144

145 The information that we collect from this research project will be kept confidential. Information  
146 about you that will be collected during the research will be put away. Only the research team will  
147 be able to see it. Data will not be shared with or given to anyone except the Ethics Review Board.  
148

## 149 15. SHARING THE RESULTS

150  
151 We will publicly share our research progress on a project website. You and the other participants  
152 will not be individually identified in that site. Confidential information will not be shared.  
153

154 We will publish the results in order that other interested people may learn from our research. This  
155 might include publications in research journals, traditional media (e.g., newspapers) and new  
156 media (e.g., social media). Our results might also contribute to policies and programs, in both the  
157 private and public sector. You will not be individually identified in any of these efforts.  
158

## 159 16. PARTICIPANT WITHDRAWAL OR TERMINATION

160  
161 Please be reminded that your participation is voluntary and that you can withdraw from the  
162 research at any time, without penalty.  
163

164 There might circumstances under which the PI may decide to end your participation regardless of  
165 whether you wish to continue participating. The foreseeable circumstances or reasons under  
166 which your participation in the study might be terminated include the following:  
167

- 168 1. Observable distress in which continued participation is harmful to you and/or to the other  
169 participants  
170 2. Observable irritability or agitation in which continued participation is harmful to you and/or  
171 the other participants  
172 3. Other observable or foreseeable situations in which your safety and/or the safety of the  
173 other participants might be compromised  
174

175 In these circumstances, questions might arise about whether the PI may use, study, or analyze  
176 already collected data about participants who withdraw from the survey or whose participation is  
177 terminated by the research team.  
178

179 Ethical regulations state that the PI can retain and use already collected data on you to the point  
180 of your withdrawal. It may not be removed even after you have decided to withdraw or if the  
181 research team has terminated your participation. Since it is not possible to link you to a particular  
182 survey questionnaire or individual interview after they have been collected, there would be no way  
183 of removing your individual data.  
184

185 No additional data will be collected after your participation is withdrawn or terminated. You will not  
186 be individually identified from the already collected data after withdrawal or termination.  
187

## 188 17. RIGHT TO REFUSE OR WITHDRAW 189

190 You do not have to take part in this research if you do not wish to do so. You may also stop  
191 participating in the research at any time you choose. It is your choice. All your rights will still be  
192 respected.  
193

## 194 18. WHO TO CONTACT IN CASE OF DISTRESS 195

196 Some people might feel some discomfort or distress after completing this survey. This might  
197 happen soon after or sometime in the future. This is normal. For some people, they might feel so  
198 distressed that it might be helpful to talk to someone.  
199

200 We encourage you to visit the website below or your local healthcare provider. For emergencies  
201 go to the nearest emergency room or clinic.  
202

203 You may visit our “Get support” page here: <https://mentalhealthph.org/support-for-yourself/>.  
204

## 205 19. WHO TO CONTACT IN THE RESEARCH TEAM 206

207 If you have any questions, you may contact the research team now or later, even after the study  
208 has started. If you wish to ask questions later, you may contact any of the following:  
209

210 Ronald Del Castillo, PsyD, MPH, FRSPH  
211 291 A. Bonifacio San Jose, Quezon City 1115  
212 MentalHealthPH@gmail.com | +639053519620  
213

214 This informed consent form is consistent with the Philippine Data Privacy Act of 2012.  
215

216 It follows the National Ethical Guidelines for Health and Health-Related Research. The World  
217 Health Organization guidance and explanations for developing informed consent forms has also  
218 been extensively reviewed. Finally, the “Guidelines for best practice in cross-cultural surveys”  
219 (Institute for Social Research, University of Michigan) was closely reviewed in the developing of  
220 the current project’s informed consent form.  
221

222 This proposal has been reviewed and approved by the University of Santo Tomas, College of  
223 Rehabilitation Sciences, Ethics Review Committee, which is a committee whose task it is to make

224 sure that research participants are protected from harm. If you wish to find more information, the  
225 Board can be reached here:  
226  
227 **Assoc. Prof. Anna Lea Enriquez, MD (Chairperson, UST-CRS ERC)**, Room 101 Medicine  
228 Bldg., University of Santo Tomas, España Blvd., Manila, 1015  
229 +027409713 | ethicsreview.crs@ust.edu.ph  
230  
231 This is the end of PART I. INFORMATION SHEET.

232 **PART II. CONSENT TO PARTICIPATE**

233

234 Consent by Participant

235

236 I have read the foregoing information, or it has been read to me. I have had the opportunity to ask  
237 questions about it and any questions that I have asked have been answered to my satisfaction.

238

239 I consent voluntarily to participate as a participant in this research.

240

241 Your Name:

242

243 E-Signature of Participant:

244

245 Date:

246

247 ○ By clicking "Yes," you agree to participate. Your research participation will start after your  
248 click.

249

250 ○ By clicking "No," you decline to participate. The site will automatically end after you click.

251

252 Witness of Participant

253

254 I have witnessed the accurate reading of the consent form to the potential participant, and the  
255 individual has had the opportunity to ask questions. I confirm that the individual has given consent  
256 freely.

257

258 Your Name:

259

260 E-Signature of Witness:

261

262 Date:

263 **STATEMENT BY THE RESEARCHER/PROJECT STAFF TAKING CONSENT**

264  
265 Checkmark.

266  
267 \_\_\_\_\_ I, the undersigned, have accurately read out and discussed the information sheet to  
268 the potential participant, and to the best of my ability made sure that the participant understands.

269  
270 \_\_\_\_\_ I confirm that the participant was given an opportunity to ask questions about the  
271 study, and all the questions asked by the participant have been answered correctly and to the  
272 best of my ability. I confirm that the participant has not been coerced into giving consent, and the  
273 consent has been given freely and voluntarily.

274  
275 \_\_\_\_\_ A copy of this ICF has been provided to the participant.

276  
277 **PROJECT STAFF:**

278  
279 Print Name of Project Staff Taking Consent

280  
281  
282 \_\_\_\_\_

283  
284  
285 Signature of Researcher/Project Staff Taking Consent

286  
287  
288 \_\_\_\_\_

289  
290  
291 Today's Date

292  
293  
294 \_\_\_\_\_  
295 day/month/year

296  
297 [Participants may download a copy of this consent prior to study participation.]