Consent Form 1 for Health Surveillance Assistants, Primary Healthcare Workers, and District Mental Health team members (In depth Interviews, Focus Group Discussions, Workshops and Surveys)

Title: Psychosis Recovery Orientation in Malawi through Improved Services and Engagement (PROMISE)

Your Consent:
Please answer the questions below to show that you agree to take part in the study. After reading the statements, you will be asked to sign using a pen or your thumbprint. You will also be required to write down your name together with today's date at the bottom of the page. The Researcher taking consent (interviewer) will also counter sign. A copy of this consent form will be kept by the interviewer and another copy will be given to you to keep.

	Please initial box
1. I have read or have been read the *Participant Information Sheet 1 for Health Surveillance Assistants* (08 Aug 2022 and Version Number 1.0) concerning this study and I have been given a copy of the study information sheet. I have been given the chance to ask all the questions to help me understand why this study is being done and have had these questions answered satisfactorily.	
2. I know that my participation is voluntary and that I can stop being in the study at any time without giving a reason and without my medical care, employment and/or legal rights being affected.	
3. I understand that the information collected will be kept strictly confidential. I understand my personal details such as name, phone number and household will not be revealed to people outside of the study team.	
4. I agree to my interview and/or focus group/workshop discussions being audio recorded.	
5. I understand that my responses to the interview and/or focus group/workshop discussions will be audio- recorded and accessible to members of the study team for research purposes only.	
6. I agree to my audio recorded interview and/or focus group/workshop discussions being transcribed by staff/students at KUHeS employed by Lucinda Manda-Taylor's research team.	
7. I understand that if I take part in this study I will be asked to complete 4 questionnaires about attitudes and knowledge of mental illness.	

8. I understand that if I consent to his study I will be asked to take part in a training exercise using the draft detection and management manual in months 18-24 of the project.	
9. I understand that the final results of the study will not personally identify me.	
10. I understand that the study may need to publish direct quotations provided by me but that these quotations will be de-identified to protect my identity.	
11. I understand that de-identified data collected from me will be transferred outside of KUHeS in Malawi to the University of Edinburgh in the United Kingdom. I understand that this is a transfer of data outside of my home country to the United Kingdom where laws protecting my personal information may be different to those of my home country.	
12. I understand that the de-identified data collected from me may be used in future research and that this future research may be done by the current research team or by other research teams working in other countries.	
13. I understand that if I have concerns about this research, I can contact the Principal Investigator or a member of the research team at KUHeS.	
14. If I take part in this study, I understand that I may be asked questions about one or more of the following: about mental health and especially psychosis issues affecting people in Malawi; about the words used to describe mental health and psychosis in Malawi; about the acceptability of research into psychosis; about the health services provided for mental health and psychosis in Malawi; and how I and my community describe, understand and respond to these conditions.	
15. I understand that at the end of the project I will be invited to a Research Meeting to discuss the results of the study with everyone who has taken part; and that I will also be offered a summary of the research if I request it.	
16. I agree to take part in the above study.	

Name of Participant: Signature/ Thumb Impression*: Date: **Thumb impression to be used if participant is illiterate*
Name of Person Obtaining Consent (Researcher): Signature: Date:

Name of Witness:
Signed by impartial literate third party witness (*In case of illiterate Participant/ Legally Authorized Representative is illiterate*)

Signature:

Date:

Place: