Consent Sheet for Adults (Educators, Parents, and Community Mental Health Professional

Title: Cultural Considerations for the Cultural Adaptation of Cognitive Behavioral Therapy (CaCBT) in Ghanaian Basic Schools

Investigators: Dr. Therasa D. Lawer and Marigold Cobbina

Collaborators: Dr. E Dr Efua Mantey Agyire-Tettey, Dr. Mabel Oti-Boadi

Address: The Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED), P. O. Box 1277, Kumasi

General Information about Research

This research is the first part of a larger project to create and test a therapy program for Ghanaian schools. The goal is to understand how to adjust a common therapy method, called Cognitive Behavioral Therapy (CBT), to fit the needs of children and teenagers in Ghana. Participants will share their thoughts on three main areas: how mental health is viewed in Ghanaian culture, what resources and practices can make the therapy work in schools, and ideas for making CBT more suitable for the local context. The research will involve talking with people during interviews and group discussions. The results will help improve mental health support for students in Ghanaian schools.

Procedures

To find answers to some of these questions, we invite you to take part in this research project. If you accept, you will be required to: participate in an interview with a Research Volunteer by name _____ or Marigold.

You are being invited to take part in this interview because we believe your experience as an educator, school staff, or mental health professional will provide valuable insights for this research. You will share your experiences, opinions, and perspectives on mental health issues and answer questions about cultural beliefs regarding mental health problems and treatments.

If you do not wish to answer any of the questions posed during the interview, you may say so and the interviewer will move on to the next question. The interview will take place on the phone or at your place of work, and no one else but the interviewer will be present. The information recorded is considered confidential, and no one else except the researchers will have access to the information documented during your interview. The expected duration of the interview is about 30-90 minutes.

Possible Risks and Discomforts

There are minimal risks associated with participating in this study. As with any use of electronic means to store data, there exists a minimal risk that data could be lost or stolen. However, there are no known physical or emotional risks to participating in this project.

Possible Benefits: Partaking in this study offers you the opportunity to contribute to the development of culturally adapted mental health interventions in Ghanaian Basic Schools, potentially influencing future policies, practices and research for children welfare in Ghana.

Confidentiality
(A statement describing the extent, if any, to which confidentiality of records identifying the respondents will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records").

We will protect information about you to the best of our ability. You will not be named in any reports. Your name and other identifiable information (such as address, and place of work) will not be given to anyone nor will it be collected during research. To further protect the privacy and confidentiality, please do not disclose, or share any individually identifiable information of the students you work with. Members on the research team: Marigold, Dr. Lawer, Dr. Agyire-Tettey, Dr. Oti-Boadi may sometimes look at your research records.

Voluntary Participation and Right to Leave the Research
Your participation in this project is completely voluntary. You may choose not to answer any of the questions or to stop the interview at any time should you feel you are unable to continue.

Contacts for Additional Information
If you have any questions about the study, you may contact:

NAME: **Marigold Cobbina**

E-Mail: cobbinamarigold@gmail.com
Phone: 050 250 4960

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTEDIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phone lines or email address: ierc@aamusted.edu.gh.

PART II: VOLUNTEER/ PARTICIPANT AGREEMENT

The above document describing the benefits, risks and procedures for the research title ***(name of research)*** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Volunteer/ Participant Name:…….....

Volunteer/ Participant Mark/Thumbprint……

Date: **……**

If volunteer cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Witness's Name: ……

Witness's Mark/Thumbprint: ……

Date: ……

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Researcher's Name: ……...

Researcher's Signature: ……

Date: ……

Assent Sheet for Students

Title: Cultural Considerations for the Cultural Adaptation of Cognitive Behavioral Therapy (CaCBT) in Ghanaian Basic Schools

Investigators: Dr. Therasa D. Lawer and Marigold Cobbina

Collaborators: Dr. E Dr Efua Mantey Agyire-Tettey, Dr. Mabel Oti-Boadi

Address: The Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED), P. O. Box 1277, Kumasi

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Procedures

To find answers to some of these questions, we invite you to take part in this research project. If you accept, you will be required to:

take part in a discussion with 3-5 other persons with similar experiences. This discussion will be moderated by a Research Volunteer by name _____ or Marigold.

You are being invited to take part in this interview because we feel as a student, you can contribute to great ideas for this research. You will share your thoughts and perspectives on mental health issues, answer questions about cultural beliefs surrounding mental health, and discuss what your school can do to better support your mental health needs.

During this discussion, however, we do not wish you to tell us your personal experiences, but give us your opinion on the questions that we will pose to the group based on your personal experiences and your experience within your community. If you do not wish to answer any of the questions or take part in any part of the discussion, you may say so and keep quiet. The discussion will take place at your school, and no one else but the people who take part in the discussion and the moderator or myself will be present during this discussion. The entire discussion will be tape-recorded, but **no-one will be identified by name on the recording**. Additionally, the recording will be kept password-protected google drive. The information recorded is considered confidential, and no one else except the researchers; Marigold, Dr. Lawer, Dr. Agyire-Tettey, and Dr. Oti-Boadi will have access to the information documented during your interview. The expected duration of the interview is about 30-90 minutes.

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Possible Risks and Discomforts

There are minimal risks associated with participating in this study. You may feel uncomfortable with certain discussions about mental health, but a licensed therapist will be available if you need support during the session. As with any use of electronic means to store data, there is a minimal risk of data loss or theft. However, there are no known physical or emotional risks to participating in this project. You may choose to withdraw from the study at any time without any consequences.

Possible Benefits: You might learn more about mental health and reflect on your own beliefs. Also, your participation will help improve mental health programs in your school and other schools in Ghana.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Your name and other identifiable information (such as address, and place of work) will not be given to anyone nor will it be collected during research. To further protect the privacy and confidentiality, please do not disclose, or share any individually identifiable information of the students you work with. Reachers and research assistants on this paper on this project may sometimes look at your research records.

Voluntary Participation and Right to Leave the Research

Taking part in this study is completely your choice. Also,you can choose not to answer any questions or stop partaking in the discussion at any time without any consequences.

Contacts for Additional Information
If you have any questions about the study, you may contact:

NAME: **Marigold Cobbina**

E-Mail: cobbinamarigold@gmail.com
Phone: 050 250 4960

Your rights as a Participant

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The above document describing the benefits, risks and procedures for the research title ***(name of research)*** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Volunteer/ Participant Name:…….....

Volunteer/ Participant Mark/Thumbprint……

Date: **……**

If volunteer cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Witness's Name: ……

Witness's Mark/Thumbprint: ……

Date: ……

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Researcher's Name: ……...

Researcher's Signature: ……

Date: ……

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Parental Consent Form

Title: Cultural Considerations for the Cultural Adaptation of Cognitive Behavioral Therapy (CaCBT) in Ghanaian Basic Schools

Investigators: Dr. Therasa D. Lawer and Marigold Cobbina

Address: The Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED), P. O. Box 1277, Kumasi

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This research is the first part of a larger project to create and test a therapy program for Ghanaian schools. The goal is to understand how to adjust a common therapy method, called Cognitive Behavioral Therapy (CBT), to fit the needs of children and teenagers in Ghana. Participants will share their thoughts on three main areas: how mental health is viewed in Ghanaian culture, what resources and practices can make the therapy work in schools, and ideas for making CBT more suitable for the local context. The results will help improve mental health support for students in Ghanaian schools.

What Will Happen: If you agree to allow your child to participate, they will be asked to:

- Participate in a focus group discussion.
- Share their experiences, opinions, and perspectives on mental health issues in the school setting.
- Answer questions related to cultural beliefs about illness, causes, and treatments.

Discomfort and Risks:

- There are no known risks associated with participating in this study. Your child's information will be collected and stored electronically, which carries a minimal risk of data loss or theft.

Potential Benefits:

- Participating in this research will help your child gain insights into mental health beliefs and practices, and may enhance personal growth through self-reflection.
- It will also contribute to the development of interventions in Ghanaian Basic Schools, influencing future policies, practices and research for child welfare in Ghana.

Voluntary Participation:

- Participation in this study is completely voluntary. You and your child can choose not to participate or to stop participation at any time without any penalties.

Privacy and Confidentiality:

- The recordings will be transcribed and analyzed by the researchers. After transcription, the recordings will be destroyed, and only the researchers will have access to the transcripts.
- To ensure confidentiality, your child's real name and any information that will be traced back to them, will be removed from the transcripts and the written report to ensure anonymity. Your child's name and other identifiable information (such as address, and parent's information) will not be given to anyone nor will it be collected during research.

Contact Information: If you have any questions about the study, you may contact:

- **Marigold Cobbina:** 0552936806 or cobbinamarigold@gmail.com

INFORMED CONSENT DOC

Agreement to Participate:
By signing below, you agree to allow your child to participate in this study.

Parental Consent:
I understand the details of this research study, including what my child is being asked to do, the anticipated risks and benefits, and I consent to my child's participation in the study.

Parent/Guardian's Signature:

Date :

Researcher's Signature:

Date :

If volunteer cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Witness's Name: ……

Witness's Mark/Thumbprint: ……

Date: ……