

Consent Form for Participation in a Research Study
LEMURS Student Consent
University of Massachusetts Amherst

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Study Title: Leveraging Early Mental health Uncovering Risk for Suicide
(LEMURS)

1. WHAT IS THIS FORM?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research. We encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

2. WHAT ARE SOME OF THE IMPORTANT ASPECTS OF THIS RESEARCH STUDY THAT I SHOULD BE AWARE OF?

- 1) Participation in the research study is completely voluntary.
- 2) The purpose of this study is to develop and validate a system to help monitor risk for self-injurious behaviors among college students.
- 3) You might find the research and survey items to be tedious and there is always a risk of breach of confidentiality (though we have taken steps to minimize this risk).
- 4) You may not directly benefit from this research.
- 5) There is no alternative to the study procedures, but you are able to discontinue your participation at any time.

3. WHY ARE WE DOING THIS RESEARCH STUDY?

We are conducting this research study to better understand what college students and their healthcare providers need to more quickly and easily monitor risk for self-injurious behaviors and to develop a system to allow smartphones to use passive data streams to monitor and provide feedback regarding changes in risk for self-injurious behaviors and emotional distress. We are hoping to recruit a diverse group of students to ensure that risk detection algorithms are appropriate to a range of experiences.

4. WHO CAN PARTICIPATE IN THIS RESEARCH STUDY?

In order to participate in this study, you must be aged 18 or older, undergraduate student (for at least 6 months) at one of our participating institutions: UMass Amherst or Worcester Polytechnic Institute, have a smartphone, and be willing to download the LEMURS application, be fluent in English, and had a health clinic appointment. Half of participants may report some recent self-

injurious thoughts or behaviors. Some participants will report suicide ideation within the past two weeks or had a suicide attempt within the past 6 months, while other participants will not report any suicidal ideation or behaviors.

5. WHERE WILL THIS RESEARCH STUDY TAKE PLACE AND HOW MANY PEOPLE WILL PARTICIPATE?

You will participate in this study at the University of Massachusetts Amherst (UMass Amherst) or Worcester Polytechnic Institute. There may be opportunities for virtual participation. Approximately 120 adults will participate.

6. WHAT WILL I BE ASKED TO DO AND HOW MUCH TIME WILL IT TAKE?

If you agree to take part in this study, you will participate in a research study that is a partnership between UMass Amherst and Worcester Polytechnic Institute. Participation in this study involves completion of several components. Following an initial inquiry and screening to establish preliminary eligibility, you will be asked to complete a set of baseline surveys (up to 1 hour).

Taking part in this study means that you will need to download the LEMURS app onto your smartphone. If you have questions about setting up this device, please contact caslab@umass.edu. You will be asked to have LEMURS on your phone for 1 month. You will be asked to allow LEMURS to have access to your smartphone data, including call logs, text logs [time, duration, in/out], contacts, app usage, calendar, GPS, and health app data, and be asked to respond to text/verbal prompts. This data will be used to input into risk detection algorithms. Additionally, you will be asked to complete twice daily surveys on their phone for 28 days, which will ask about emotions and thoughts (up to 3 minutes per prompt). While in this study, you will receive automated prompts. These are not medical recommendations. Finally, they will participate in a final debriefing interview and survey (up to 1 hour). Although the data will be uploaded to our secure servers and accessible to study staff, these data will *not* be regularly reviewed. The LEMURS app will continue to collect data until it is uninstalled. All interviews will be recorded and transcribed for research purposes. These interviews can be conducted in-person on campus in a private space or virtually.

As part of these procedures, you may be reminded of topics that may make you feel uncomfortable. If you feel too uncomfortable to continue with the study, you are free to immediately withdraw your participation and leave without giving up payment to that date. If you have any discomfort or concerns after participating, you are encouraged to call the principal investigator, Katherine Dixon-Gordon, at 413-545-0226 or katedg@umass.edu. In addition, you may wish to contact your individual provider or the Suicide and Crisis Lifeline by dialing 988. In a serious emergency, remember that you can also call 911 for immediate assistance.

7. WILL BEING IN THIS RESEARCH STUDY HELP ME IN ANY WAY?

We hope that the application will ultimately be a useful treatment tool for students who are struggling with emotional difficulties and risk for self-injury. However, this study is unlikely to benefit you directly.

8. WHAT ARE MY RISKS OF BEING IN THIS RESEARCH STUDY?

Completing questionnaires and interviews may, at times, feel tedious or inconvenient. Additionally, some of the questions asked in this study may remind you of things you would prefer not to think about or may bring up distress. Past studies using similar procedures reported that participants experienced only temporary and manageable distress as a result. The risk of a breach of confidentiality is always possible; we have taken the steps to minimize this risk as outlined in section 9 below. Some of the questions may reveal risk of self-injurious thoughts and behaviors. *We are not offering treatment as part of this study.* If you have concerns about your health while you are in this study, or about the notifications you might be getting, reach out to your healthcare provider(s). *We will not immediately review daily survey responses. It is important that you reach out to your local resources for support if you need it.* That said, research staff will review and monitor your responses on business days (Monday to Friday), and if you indicate that you have done something to harm yourself, you may be contacted by study staff to ensure your safety. If we cannot ensure your safety and there is concern that you may be at imminent risk for severe harm, we may need to break confidentiality to ensure you are safe as required by law.

As part of the study, downloading the LEMURS app carries a minimal risk of viruses; however, we have implemented rigorous measures to minimize this risk to the greatest extent possible.

9. HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

Your privacy and confidentiality are important to us. The following procedures will be used to protect the confidentiality of your study records. Research records will be “de-identified”, meaning that your name or other identifying information will be replaced with a code. Names and contact information will be stored separately from study data. There will be a key linking names to data but this will only be needed until the end of data collection. The file will be electronic and will be password-protected and stored on password-protected computers and servers in a locked lab. Only authorized personnel will have access to the password. Any and all paper data will be stored in locked filing cabinets in a locked research lab and all electronic data will be stored on password protected computers or servers, in password-protected files. Signed consent documents will be stored securely and separately from research data. There will be audio/video recordings that could potentially include some identifiable information, and we will store such recordings in password-protected encrypted servers and share these only with study investigators, collaborators, and personnel. Data will be retained indefinitely.

If you join this study, there is a potential risk that data you share may be accessed by someone without your permission or that someone may be able to identify you. These people may misuse

the data you share with us in a way that leads to personal harm (e.g., discrimination). There may also be other risks that are not currently known. While we will do our best to protect your data, we cannot remove all risks. In general, there is no additional risk to using LEMURS in this study beyond the risk you take when using smartphone apps in your daily life.

To help us protect you and the information we will be collecting from you, this study has been awarded a Certificate of Confidentiality by the National Institute of Health. This Certificate means that the researchers cannot be forced, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, to disclose any information that may identify you. The researchers will use the Certificate to resist any demands of information that would identify you, except as explained below.

The Certificate cannot be used to resist a request for information from United States government employees if the request is for auditing or evaluation of federally funded projects.

The Certificate does not stop you or a member of our family from voluntarily disclosing to any person information about yourself or your involvement in the study. If you give your written consent to release study information to an insurer, employer or other person, the Certificate cannot be used to withhold this information.

If the researchers become aware of possible child abuse or elder abuse, or that you may cause serious imminent harm to yourself or others, the researchers may report this to the appropriate authorities without your consent.

10. WILL MY INFORMATION BE USED FOR RESEARCH IN THE FUTURE?

Once de-identified, data from this study may be retained indefinitely and/or shared in de-identified format with research collaborators and may be combined with other data. This aligns with national research recommendations to permit analysis verification, replication, and secondary analyses. For instance, de-identified data from this study will be submitted to the National Institute of Mental Health Database (NDA) at the National Institutes of Health (NIH). NDA is a large database where de-identified study data from many National Institute of Mental Health (NIMH) studies is stored and managed. Sharing your de-identified study data helps researchers learn new and important things about mental health and substance use more quickly than before.

11. WILL I BE GIVEN ANY MONEY OR OTHER COMPENSATION FOR BEING IN THIS RESEARCH STUDY?

You will be remunerated \$15 for completing the baseline survey, \$6/day for survey completed (including \$3/daytime survey and \$3/nighttime survey), \$5/weekly survey completed, a \$50 bonus for completing at least 80% of surveys each week, and \$23 for a final survey and interviews.

If you prefer not to receive monetary compensation, you may decline and elect to receive a gift card (e.g., to Amazon) by emailing that request to caslab@psych.umass.edu. Since you are being compensated for your participation in this study, your personal information may be released to the accounting officials at University of Massachusetts, Amherst. If payment to a research participant is \$600 or more in any one calendar year, the University of Massachusetts, Amherst is required to report this information to the IRS as taxable income. This information will be kept confidential and will only be used to process payment.

12. WHO CAN I TALK TO IF I HAVE QUESTIONS?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the researcher primarily responsible for this study, Katherine Dixon-Gordon at 413-545-0226 or katiedg@umass.edu.

You can also contact the chair of the department by contacting Laura Wildman-Hanlon at 413-545-2387 or lwildman@psych.umass.edu, if you want to speak to someone not directly involved in this study.

If you have any questions concerning your rights as a research subject, you may contact the University of Massachusetts Amherst Human Research Protection Office (HRPO) at (413) 545-3428 or humansubjects@ora.umass.edu.

13. WHAT HAPPENS IF I SAY YES, BUT I CHANGE MY MIND LATER?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate. You will be notified of all significant new findings during the course of the study that may affect your willingness to continue.

14. WHAT IF I AM INJURED?

The University of Massachusetts does not have a program for compensating subjects for injury or complications related to human subject's research, but the study personnel will assist you in getting treatment.

SUBJECT STATEMENT OF VOLUNTARY CONSENT

When signing this form, I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use. I have had the opportunity to ask questions and have received satisfactory answers. I have been informed that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

Participant Signature: _____

Print Name: _____

Date: _____

University of Massachusetts Amherst-IRB (413) 545-3428	
Approval Date: 11/03/2025	Protocol #: 3964
Valid Through: 11/30/2026	
IRB Chair: <i>[Signature]</i>	

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent

Print Name:

Date:

We maintain a separate database for participants' contact information if they wish to be notified about future studies for which they might be eligible.

I understand that participation in this database is not required to participate in the present study. By signing below, I indicate consent to be voluntarily enrolled in this separate, password-protected database accessible only to study personnel. I understand that I can withdraw at any time.

I do not want to be contacted about future studies

Participant Signature:

Print Name:

Date:

I would like to hear about the results of this study (estimated completion in 3 years).

QUESTIONS

1. Participation in this study is **mandatory**

True

False

2. Audio/video recordings will be obtained for this study

True

False

3. I can quit this study at any time

True

False