STUDY TITLE:

Examining Millennial and Gen Z Preferences for Non-Traditional Mental Healthcare

PRINCIPAL INVESTIGATOR:

Name: [redacted]

CO-INVESTIGATORS:

Name: N/A
Department: N/A

STUDENT INVESTIGATOR

Name: [redacted]

Are you an:

☐ Undergraduate Student
X Graduate Student or Medical Student

VERSION DATE:

10/01/2019

Check any **applicable** boxes in the table below – you will be asked for further detail on these topics later in the protocol form:

Indicate Vulnerable Population(s) to be Enrolled	**X** Children ☐ Cognitively Impaired Adults ☐ Pregnant Women (IF the research activities will affect the pregnancy or the fetus) ☐ Prisoners (or other detained/paroled individuals)
International Research (check this box if you will collect data from individuals located outside the United States)	☐
Research involving external collaborators (some research activities will be carried out by individuals not employed by Northwestern or NU affiliates)	☐
Research has U.S. Federal	

government funding (e.g., NIH, NSF, other federal agencies/departments)	☐

1.0 Purpose of the study:

The purpose of this study is to examine what types of non-traditional mental healthcare services Millennials and Gen Z'ers prefer. It will use an online survey to gather participants' responses to a series of questions about their attitudes and perceptions of various non-traditional mental healthcare services.

2.0 Background / Literature Review / Rationale for the study:

The high demand for mental health services and the traditional method of delivering these services are becoming increasingly incompatible (Kazdin & Rabbitt, 2013). The number of people in need of mental health services is increasing (Twenge, Cooper, Joiner, Duffy, & Binau, 2019), but the shortage of mental healthcare providers is estimated to only progress in the upcoming years (*National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025*, 2016). To address these concerns, providers across various settings are integrating non-traditional treatment methods into their practices (Kutcher, Davidson, & Manion, 2009) (Ruggiero et al., 2015). Examples include Task-Shifting (McQuillin, Lyons, Becker, Hart, & Cohen, 2019), Self-Help Books (Hanson, 2019), Collaborative Care (Lake & Turner, 2017), Mobile Technologies (Mohr et al., 2017), and Peer Counseling (Bernecker, Banschback, Santorelli, & Constantino, 2017). While there is some research that indicates people in younger generations (i.e. millennials and Gen Z'ers) are more open to using nontraditional mental health services than those in older generations (March et al., 2018), we have yet to find any studies that distinguish between which types of nontraditional services they prefer.

3.0 Inclusion and Exclusion Criteria:

All participants must be healthy young adults younger than thirty-eight years old and adolescents at least thirteen years old or older. Participants must be fluent in English. Selection is independent of gender and ethnicity.

The following populations will be excluded from the study:

a. Adults unable to consent
b. Infants and children under the age of thirteen
c. Pregnant women (where the activities of the research may affect the pregnancy or the fetus.)
d. Prisoners or other detained individuals.

4.0 Sample Size:

We plan to recruit a total of 200 participants in order to assure we receive a diverse and representative sample.

5.0 Recruitment:

We plan to recruit participants using four methods:

1. Flyers
    a. We plan to design print advertisements encouraging individuals to participate in the study, which we will hang throughout the city of Chicago in public places such as coffee shops, community bulletin boards, etc.
2. Student Organizations
    a. We plan to contact student organizations at several colleges and universities (including Northwestern University, University of Illinois at Chicago, and Northern Illinois University) in the Chicago area to ask that they spread information about the study to their members.
3. Online Posts
    a. We plan to post about the survey and encourage individuals to participate in online sites including Craigslist and Reddit. We also plan to tweet about the survey using the official Center for Behavioral Intervention Technologies (CBITs) Twitter page.
4. ResearchMatch
    a. ResearchMatch.org will be utilized as a recruitment tool for this protocol. ResearchMatch.org is a national electronic, web-based recruitment tool that was created through the Clinical & Translational Science Awards Consortium in 2009 and is maintained at Vanderbilt University as an IRB-approved data repository (see IRB #090207).

All advertisements and recruitment texts will direct potential participants to a link on the CBITs Website which will contain information about the study and a link to the survey itself.

6.0 Research Locations:

The research procedures will take place at the Center for Behavioral Intervention Technologies lab space located [redacted] The survey itself will be conducted through REDCap.

7.0 Multi-site Research (research that involves external collaborating institutions and individuals):

N/A

8.0 International Research (where data collection will occur outside the United States and U.S. territories):

N/A

9.0 Procedures Involved:

Participants will be asked to complete a survey which will include questions about their demographics, history of mental health conditions, and attitudes and perceptions of mental health care services and/or tools. Participants under the age of 18 will not be asked questions regarding their history of mental health conditions. The mental health care services and/or tools examined will include mental health professionals (psychiatrists, psychologists, and licensed counselors), primary care providers (medical doctors, nurse practitioners, and physician assistants), self-help books, mobile applications, online support communities (Tumblr, Reddit), and peer counselors. Participants will be asked about their willingness to use the service/tool, their perceived barriers to using the service/tool, and their rankings for which services/tools they would prefer to use over the others.

The survey will include one question which will assess the validity of the participants' responses. It will ask participants to select the "other" option as their answer and write in their favorite color. This will allow the researchers to determine if the participants are reading the questions fully and answering thoughtfully. The responses of participants who do not follow these instructions will not be included in analysis.

In total, the survey should take 10 to 15 minutes for the participants to complete.

10.0 Research with Vulnerable Populations:

We plan to recruit adolescents who are at least thirteen years of age to complete the study. The participants will be directed to contact a parent to complete the parental permission form prior to their participation.

11.0 Incomplete Disclosure or Deception:

N/A

12.0 Consent Process:

Consent will be obtained online prior to the participant completing the survey. Participants over the age of 18 will read and click “agree” or “do not agree” on an online consent form. They will be encouraged to print the page for their own records, and will be provided with contact information of the PI in case they want to discuss the consent form before agreeing to participate. The consent process for participants under the age of 18 is described below.

13.0 Research with Children – Parental Permission, Child Assent, and Other Consideration:

All participants will be asked whether they 38 years or older, between 18-37 years old, between 13-17 years old, or younger than 13 years old. Individuals who indicate they are younger than 13 years old or older than 37 years old will be excluded from the study. Individuals who indicate they are between 18-37 years old will be able to complete a consent form for themselves. Individuals who indicate they are between 13-17 years old will be instructed to contact a parent and directed to the combined parental permission and child assent form. We will collecting children’s personal information only for internal purposes and will not be disclosing the information to third parties or making it publicly available.

Parents of participants under the age of 18 will read and click “agree” or “do not agree” on an online parental permission form. They will be encouraged to print the page for their own records, and will be provided with contact information of the PI in case they want to discuss the permission form before agreeing to let their child participate. Additionally, they will input their email address on the online parental permission form. Members of the research team will email the address listed on the form to confirm the parent’s permission to their child’s participation. If the parent does not respond to this email after two weeks, all data from the child will be deleted.

This parental permission procedure is a modification of the “email plus” method of parental consent under COPPA (Children's Online Privacy Protection Rule) guidelines. We believe the second portion of the “email plus” option (contacting the parents an additional time to confirm consent again) is not necessary for this study and that one email is sufficient. We are concerned that this may be an extra burden for parents and will lead to loss of data if parents do not respond to a second email. Our study is only recruiting participants over the age of 13, meaning it is not subject to COPPA. Moreover, we argue that the nature and scope of the proposed research do not pose more than “minimal risk” to participants (45 CFR Part 46.102): “the probability and

magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests."

14.0 Waiver of Participant Signature on Consent Form:

We will not obtain participants' or participants' parental signatures on the consent form because the survey will be completed online.

15.0 Waivers and Alterations of Consent Information:

N/A

16.0 Financial Compensation:

All participants who complete the survey will be entered into a raffle to win one of four $50 Amazon gift cards.

17.0 Audio/Video Recording/Photography:

N/A

18.0 Potential Benefits of this Research:

There will be no direct benefit to people who participate in this study. However, the results may help researchers understand how to better serve adolescents and young adults in need of mental healthcare.

19.0 Risks to Participants:

There is a slight risk of breach of confidentiality despite any steps taken to protect participants' privacy. All questionnaires are framed as requiring voluntary responses only. Participants can choose to withdraw from the study without penalty if they do not wish to provide the requested information. All study data are confidential.

20.0 Provisions to Protect Participant Privacy and Data Confidentiality:

The participants' identifying information will be kept on a secure lab server only accessible to the study investigators. All desktop computers and laptops used for data acquisition and analysis are password protected and only

accessible to study personnel.

21.0 Data Monitoring Plan to Ensure the Safety of Participants:

N/A

22.0 Long-term Data and Specimen Storage and Sharing:

Data will not be stored and shared for future research studies.

23.0 Qualifications of Research Team to Conduct the Research:

The PI, [redacted] is a licensed clinical psychologist and assistant professor within the Department of [redacted]. The Student Investigator, [redacted] has experience conducting research surveys and has completed CITI training.

References

Bernecker, S. L., Banschback, K., Santorelli, G. D., & Constantino, M. J. (2017). A Web-Disseminated Self-Help and Peer Support Program Could Fill Gaps in Mental Health Care: Lessons From a Consumer Survey. *JMIR Ment Health, 4*(1), e5. doi:10.2196/mental.4751

Hanson, K. (2019). Positive Psychology for Overcoming Symptoms of Depression: A Pilot Study Exploring the Efficacy of a Positive Psychology Self-Help Book versus a CBT Self-Help Book. *Behav Cogn Psychother, 47*(1), 95-113. doi:10.1017/s1352465818000218

Kazdin, A. E., & Rabbitt, S. M. (2013). Novel models for delivering mental health services and reducing the burdens of mental illness. *Clinical Psychological Science, 1*(2), 170-191.

Kutcher, S., Davidson, S., & Manion, I. (2009). Child and youth mental health: Integrated health care using contemporary competency-based teams. *Paediatr Child Health, 14*(5), 315-318. doi:10.1093/pch/14.5.315

Lake, J., & Turner, M. S. (2017). Urgent Need for Improved Mental Health Care and a More Collaborative Model of Care. *Perm J, 21*, 17-024. doi:10.7812/tpp/17-024

March, S., Day, J., Ritchie, G., Rowe, A., Gough, J., Hall, T., . . . Ireland, M. (2018). Attitudes Toward e-Mental Health Services in a Community Sample of Adults: Online Survey. *J Med Internet Res, 20*(2), e59. doi:10.2196/jmir.9109

McQuillin, S. D., Lyons, M. D., Becker, K. D., Hart, M. J., & Cohen, K. (2019). Strengthening and Expanding Child Services in Low Resource Communities: The Role of Task-Shifting and Just-in-Time Training. *Am J Community Psychol, 63*(3-4), 355-365. doi:10.1002/ajcp.12314

Mohr, D. C., Tomasino, K. N., Lattie, E. G., Palac, H. L., Kwasny, M. J., Weingardt, K., . . . Schueller, S. M. (2017). IntelliCare: An Eclectic, Skills-Based App Suite for the Treatment of Depression and Anxiety. *J Med Internet Res, 19*(1), e10. doi:10.2196/jmir.6645

National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025. (2016). Rockville, Maryland

Ruggiero, K. J., Bunnell, B. E., Andrews Iii, A. R., Davidson, T. M., Hanson, R. F., Danielson, C. K., . . . Adams, Z. W. (2015). Development and Pilot Evaluation of a Tablet-Based Application to Improve Quality of Care in Child Mental Health Treatment. *JMIR Res Protoc, 4*(4), e143. doi:10.2196/resprot.4416

Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017. *J Abnorm Psychol, 128*(3), 185-199. doi:10.1037/abn0000410