Exploring the experiences of people from the Indian Sub-Continent, who have developed Type II Diabetes while prescribed atypical antipsychotic medications

Kia Ora,
You are invited to take part in a study, as a health care provider of the service users in Mental Health and Addiction service of Counties Manual Health (CMH). The service users we are looking for, are from the Indian Subcontinent, and have developed type II Diabetes while prescribed atypical antipsychotic medications.

The following information will help you to decide, if you would like to take part in it.
It outlines:

- why we are doing the study;
- the help we would like to have from you;
- what the benefits and risks to you might be;
- what will happen when the study ends?

We will read through this information with you. We can answer any questions you may have. You do not need to decide today if you would like to participate.

If you agree to take part in this study, you will be asked to sign the Consent Form at the end of this document and return an electronic copy of it to the researcher via email. You will be given a copy of this Information Sheet and the Consent Form to keep.

Please make sure you have read and understand all the information. Feel free to ask any questions before making a decision.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to know about,

- services users' understanding of their health conditions;
- Services users' experiences of their care and treatments received;
- Experiences of supporting persons who help service users to manage their health condition;
- health care provider's experiences, attitudes, and preferences;
- how to make things easier for service users and supporting person;
- how to make things easier for health care providers;
- how to improve our services to be more culturally responsive.

Learning about your experiences will help us to improve our quality of care and treatment. Your experience may include your challenges and difficulties as the health care provider. In particular, we would like to know how you support the service user to manage the diabetic and mental health conditions. We hope to identify what supports are useful, and if anything unhelpful. Through your contribution, we can provide supports together to be more culturally responsive.

The study has got the approvals from Human Disability and Ethics Committee. It has also got the approval of CMH Research office. It is led by a group of experienced researchers and clinical professionals. It is funded by the Mental Health department of Counties Manukau Health.

WHAT WILL MY PARTICIPATION IN THE STUDY INVOLVE?

Taking part in the study involves,

- participating in a 15-30-minute interview with a researcher or the student researcher;
- being asked questions about the experience you have;
- being asked questions about how you think services might be improved.

The interview will be conducted remotely by Zoom and audio recorded at a time that's at your convenience. Zoom's recordings will be saved on a local password-protected computer instead of the Cloud. **Please note:** Zoom's recordings are not private because Zoom may have access to them, and the recordings are considered identifiable data.

All your information will be kept confidential. The audio file of the interview and written transcript will be stored in a secure CMH drive. The electronic files will use password protection. Any hard copy documents, such as a consent form, will be stored in a locked cabinet. Both the CMH drive and the cabinet are only accessible to the principal investigator. We will send you the study results in email if you prefer.

WHAT ARE THE POSSIBLE BENEFITS AND RISKS OF TAKING PART IN THIS STUDY?

There is minimal risk to you being part of the study. Information you share will be recorded and analyzed anonymously. All research members will sign an agreement to keep the information confidential. Your comments will not be revealed to any other parties. Your comments will not affect your practice currently or in the future.
The results from your participation will help to improve our understanding in,

- the impact of service user's health conditions and cultural needs on your service;
- how to improve our services from both primary care and secondary care.

WHO PAYS FOR THE STUDY?

- All costs will be covered by Counties Manukau Health;
- You will receive a thank-you gift for your participation. It will be a $30 Koha, such as a patrol station voucher.

WHAT ARE MY RIGHTS?

- The study is voluntary.
- You are free to decline to participate they study.
- You are free to withdraw from the study at any time.
- Your decision to take part or not will not affect your service.
- Your information will be kept confidential.
- Your information will only be accessible to the study team.
- You have the right to access any information you provided for the study.

WHAT HAPPENS AFTER THE STUDY OR IF I CHANGE MY MIND?

- You will receive information about the progress and outcome of the study in an email. This will happen after we analyse the interview transcripts.
- The data from the study will be stored for five years. After 5 years, it will be destroyed.
- We will present the study results in different forums of CMH. These forums will include managers, clinicians and researchers.
- We also plan to submit results to a conference and to a psychiatric journal.
- We will make sure no participant is identified in these presentations.
- You can withdraw from the study at any time. This will not affect your services. If you wish to withdraw from the study, please inform the researcher listed below.

WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?

If you have any questions, concerns, or complaints about the study at any stage, you can contact:

Dr. Rajendra Pavagada or Kitty Ko
Email: Rajendra.Pavagada@middlemore.co.nz
Kitty.ko@middlemore.co.nz

Or you can follow the complaint process of counties Manukau health through:
https://www.countiesmanukau.health.nz/contact-us/feedba ck-form/

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: *0800 555 050*
Fax: *0800 2 SUPPORT (0800 2787 7678)*
Email: *advocacy@hdc.org.nz*

You can also contact the health and disability ethics committee (HDEC) that approved this study on:
Phone: 0800 4 ETHICS Email: hdecs@moh.govt.nz

Approved by the Health and Disability Ethics Committees on 27.01.2021. Reference number 20/NTB/235.

Health care provider Consent Form

- I have read and understand the Participant Information Sheet.
- I have been given enough time to consider whether or not to participate in this study.
- I am satisfied with the answers I have been given about the study and I have a copy of this consent form and information sheet.
- I understand that participating in this study is my choice (voluntary) and that I may withdraw from the study at any time.
- If I decide to withdraw from the study, I agree that the information collected for the study from me, up to the point when I withdraw, may continue to be used by the research team.
- I agree to my interview being audio-recorded and the notes being taken.
- I understand that Zoom recordings will be saved on a local password-protected computer instead of the Cloud; the recordings are not private because Zoom may have access to them, and the recordings are considered identifiable data.
- I understand that my participation in this study is confidential and that no material, which could identify me personally will be used in any reports of this study.
- I know who to contact if I have any questions about the study.
- I understand my responsibilities as a study participant.

I hereby consent to take part in this study.

Health care provider's name: _____

Signature: _____ Date: _____

Approved by the Health and Disability Ethics Committees on 27.01.2021. Reference number 20/NTB/235.