



**ONLINE PARTICIPANT INFORMATION STATEMENT**

The Brain Games Study  
Dr Louise Mewton

The research study is being carried out by the following researchers:		
Role	Name	Organisation
Chief Investigator	Dr Louise Mewton	University of New South Wales
Co-Investigator/s	Dr Nicola Gates, Dr Antoinette Hodge & Professor Maree Teesson	Westmead Children’s Hospital and University of New South Wales
Research Funder	This research is being funded by Australian Rotary Health and the Australian National Health and Medical Research Council.	

**What is the research study about?**

Thank you for your interest in the Brain Games study. Researchers at The University of New South Wales are seeking volunteer research participants to learn about whether brain training (“Brain Games”) can reduce risky behaviours, anxiety and negative emotions which may lead to mental illness in the future.

**Would the research project be a good fit for me?**

The study might be a good fit for you if:

- You report risky behaviours, or experience high anxiety or negative emotions
- You have ready access to an internet computer
- You are willing to provide the researchers with a current phone number and email address

The study will not be a good fit for you if:

- You meet criteria for an anxiety, mood or substance use disorder, or report certain medical conditions

**Do I have to take part in this research study?**

This Participant Information Statement tells you about the research study. It explains the research tasks involved. Knowing what is involved will help you decide if you want to take part in the research. Please read this information carefully. Before deciding whether or not to take part, you might want to talk about it with a relative or friend. Participation in this research is voluntary. If you don’t wish to take part, you don’t have to. Your decision will not affect your relationship with The University of New South Wales.

**What does participation in this research require, and are there any risks involved?**

Before you begin any activities we need to do ask some more questions to understand whether it is ok for you to take part. Once you complete this consent form, you will be asked to complete an online questionnaire about yourself, your personality and any medical conditions you might have. This questionnaire will take about five minutes to complete and will be used to determine whether or not you are able to take part in the study. If you are able, we will ask you for your email address and contact number and a researcher will contact you and ask further eligibility questions over the telephone. If you are not able, we will provide you with the details of relevant healthcare professionals should you feel the need to speak with someone after the online or telephone administered questionnaires.

If you are able to participate in the study, you will be randomly assigned to one of two different training groups. Both groups will be asked to complete an online Brain Games program. We will ask you to do the program for a maximum of one hour every weekday for a total of five weeks. In total, the program will take a maximum of 25 hours. We will also ask you to complete some questionnaires and tasks before and after the Brain Games



**ONLINE PARTICIPANT INFORMATION STATEMENT**

The Brain Games Study  
Dr Louise Mewton

program, and then 3 months, 6 months and 12 months after you have finished the Brain Games program. We expect that each set of questionnaires and tasks will take up to an hour to complete so we expect you will spend a total of 5 hours doing these over the course of a year.

**What will happen to information about me?**

By clicking on the 'I agree' button you consent to the research team collecting and using information from the screening questionnaires you complete for the research study. If you are eligible for the study, we will keep your confidential data for 7 years. Any information obtained in connection with this research study that can identify you will remain confidential. If you are not eligible for the study, your data will be withdrawn.

**What if I want to withdraw from the research study?**

Submitting your completed questionnaire is an indication of your consent to participate in the study. You can withdraw your responses if you change your mind about having them included in the study, up to the point that we have analysed and published the results. You can do this by submitting the online Withdrawal of Participation form or contact Dr Louise Mewton any time by phone (02 8936 1131) or email (louisem@unsw.edu.au).

**What should I do if I have further questions about my involvement in the research study?**

The person you may need to contact will depend on the nature of your query. If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the following member/s of the research team:

**Research Team Contact**

<b>Name</b>	Dr Louise Mewton
<b>Position</b>	Research Officer
<b>Telephone</b>	02 8936 1131
<b>Email</b>	<a href="mailto:louisem@unsw.edu.au">louisem@unsw.edu.au</a>

If at any stage during the project you become distressed or require additional support from someone not involved in the research please call:

**Contact for feelings of distress**

<b>Name/Organisation</b>	Kids Helpline
<b>Telephone</b>	1800 551 800
<b>Email</b>	<a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a>

If you have any complaints about any aspect of the project, the way it is being conducted, then you may contact:

**Complaints Contact**

<b>Position</b>	Human Research Ethics Coordinator
<b>Telephone</b>	+ 61 2 9385 6222
<b>Email</b>	<a href="mailto:humanethics@unsw.edu.au">humanethics@unsw.edu.au</a>
<b>HC Reference Number</b>	XXXX



**NHMRC CENTRE OF RESEARCH EXCELLENCE**  
in MENTAL HEALTH and SUBSTANCE USE



**UNSW**  
A U S T R A L I A

**ONLINE PARTICIPANT INFORMATION STATEMENT**

The Brain Games Study  
Dr Louise Newton

## Consent Form – Participant providing own consent

### Declaration by the participant

- I have read the Participant Information Sheet;
- I understand the purposes, study tasks and risks of the research described in the project;
- I have had an opportunity to ask questions and I am satisfied with the answers I have received;
- I freely agree to participate in this research study as described and understand that I am free to withdraw at any time during the project and withdrawal will not affect my relationship with any of the named organisations and/or research team members;
- I understand that I can download a copy of this consent form from [www.braingames.org.au](http://www.braingames.org.au).

### Participant Details

Name of Participant (please type)	
Participant email address (if applicable)	
Date	

**I agree, start questionnaire**



NHMRC CENTRE OF RESEARCH EXCELLENCE  
in MENTAL HEALTH and SUBSTANCE USE



UNSW  
AUSTRALIA

ONLINE PARTICIPANT INFORMATION STATEMENT

The Brain Games Study  
Dr Louise Newton

## Form for Withdrawal of Participation

I wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** affect my relationship with The University of New South Wales.

### Participant Name

Name of Participant (please type)	
Date	

Submit withdrawal of consent