



HOPE Enhancement Project: Information and Consent Form

About the HOPE Enhancement Project:

Hospital Outreach Post-Suicidal Engagement (HOPE) initiative currently provides assertive and intensive outreach support for people at the point of hospital discharge that are identified as having a suicide attempt or engaged in suicidal ideation with preparatory behaviour.

The HOPE Enhancement Project is funded by The Victorian Department of Health to review and update the HOPE model with input from people with lived experience of mental health concerns as a response to the_recommendations outlined by Royal Commission into Victoria's Mental Health Services.

Key objectives

Develop a model of care with people with lived experience for:

- I. Extended Service hours: 9am-10pm Mon-Fri; 9am-5pm Weekends
- II. Expanded referral pathways into the program to include case management consumers
 - Consider modes of access, i.e. text, email, webpage, chat
 - Consider access pathways that ensure eligible people benefit from the service as safely as possible including GP's, other community providers and self-referrals

You can contribute to this project in different ways. This includes focus groups, surveys, via email and in-person conversations.

Confidentiality

- (i) Surveys will be sent out as a link so participants cannot be identified
- (ii) Any data obtained will be stored securely. No identifying information will be kept.
- (iii) De identified information will be available_with your consent as feedback on a dedicated St Vincent's external webpage
- (iv) The 'Model of Care' will be shared with the Victorian Department of Health, and may be published. No identifying information will be included.

How is my information used?

Your information will help evaluate the HOPE program and develop a model of care. The information you give will be shared with other participants, and you will see the information that they provide. This may be at focus groups or in surveys and will be done in a way that does not identify any person. The information shared in this project may be used in public documents for reporting. Deidentified findings may be displayed on St Vincent's external website, HOPE enhancement Project webpage.

You have the right to withdraw from further participation at any stage. Any information provided up until that point will be kept securely. You will not be able to be identified from any information.

Online focus groups:

Due to COVID-19 restrictions, some focus groups may be provided online. This means using a mobile phone, iPad or computer to call in. You will be able to hear and see the group.





You will need to be in a quiet, private space. You will need a device with good internet access. The device will need a microphone and camera.

No online program is risk free. We use online programs that meet Australian standards for online security and encryption.

Your safety

We will take steps as necessary to support you and ensure you safety during this project. The HOPE 'Participants guide' will give you further supports available and ideas to keep you safe.

CONSENT TO PARTICIPATE IN THE HOPE ENHANCEMENT PROJECT.

In order to participate in the HOPE Enhancement Project, you need to agree to the conditions outlined on the front of this information sheet:

I consent to the following:	Yes	No
To participate in surveys relating to the HOPE enhancement Project – please note if you participate in the survey anonymously you will not be able to withdrawn consent as your responses cannot be identified		
To participate in Focus groups of up to 15 people		
To review results from Focus group/Survey's for reliability, contributing to further exploration of ideas.		
Participate in committee meetings if applicable.		
The data evidence may be used in future projects/research		
Audio and/or video recording during the interview / focus group (will give prior notice to meeting if this is the case)		
To have summary of results displayed on St Vincent's External website, HOPE enhancement Project webpage after review by participants		
1) Written consent:		
I(print name) have read and understood the conditions for participation in the HOPE Enhancement Project.		
Signed: Date:		