



Change project

The change project

ID	PW	Date	<i>Keep this copy for file</i>

Thank you for asking for an appointment. It has been arranged for:

Day	
Date	
Time	
Place	
You will be seeing	



.....

The change project

ID	PW	Date	<i>Young person's copy</i>

Thank you for asking for an appointment. It has been arranged for:

Day	
Date	
Time	
Place	
You will be seeing	

To cancel or change this,
please leave a message with_____

What you should know

<ul style="list-style-type: none">▪ You can stop contact at any time, it is up to you. If you change your mind just ask for another appointment.
<ul style="list-style-type: none">▪ The change project is part of a research project from Manchester University.▪ It is run by school pastoral staff and a research nurse.
<ul style="list-style-type: none">▪ We are testing whether this is a good way of helping young people.▪ We will be collecting information about how people are getting on but no one's name will be on it.
<p>If you tell us any personal information we will not tell anyone outside the project unless:</p> <ul style="list-style-type: none">▪ We think you or someone else is in danger▪ We need to get advice from somebody else in the project.

.....

What you should know

<ul style="list-style-type: none">▪ You can stop contact at any time, it is up to you. If you change your mind just ask for another appointment.
<ul style="list-style-type: none">▪ The change project is part of a research project from Manchester University.▪ It is run by school pastoral staff and a research nurse.
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<p>If you tell us any personal information we will not tell anyone outside the project unless:</p> <ul style="list-style-type: none">▪ We think you or someone else is in danger▪ We need to get advice from somebody else in the project.

ID	PW	Date

Consent Form (Young Person)

_____ has explained that the change project is part of a research project between the school and Manchester University.

I understand that

- The project will stop at the end of Spring term 2007.
- I can stop using it whenever I want to without saying why.
- Information about me will be stored securely without my name on it.
- Any information I give will be kept in strict confidence. The only exceptions will be:
 - if the project worker has to tell someone because I or someone else is in danger
 - if the project worker is getting advice from another person in the project.
- I understand what the research is for and that I will be asked to fill in some forms.
- I agree to being involved in the change project.

Signed.....Date.....

NAME (BLOCK LETTERS).....

Witnessed by: NAME BLOCK LETTERS).....

Signed.....Date.....

Project worker only

I confirm that I have fully explained the purpose and nature of the investigation and the risks involved

Signed.....Date.....

NAME (BLOCK LETTERS)..... c:\wp51\ethics\appform3

ID	PW	Date

Dear student,

After the Change Project has finished, I would like to conduct tape-recorded interviews with some people who have used it.

Your views will help me to know what people think about the project.

- If you will let me contact you later to arrange an interview, please sign this consent form and leave it with the project worker.

If you wish to contact me, my contact details are:

Sarah Kendal

University of Manchester School of Nursing, Midwifery and Social Work

Coupland 3

Oxford Road

Manchester M13 9PL

Telephone: 0161 306 0260

Email: sarah.kendal@manchester.ac.uk

Consent To Be Contacted To Arrange An Interview

Iunderstand the information in the leaflet that has been given to me.

I give permission for the researcher to contact me to arrange a tape-recorded interview. I understand that I can change my mind at any time without giving a reason.

Signed.....Date.....

NAME (BLOCK LETTERS).....

Please write here how to get in touch with you, e.g. your phone number, your form tutor or your home address.

ID	PW	Date

First contact

Informed consent- project worker to fill in	Tick when completed
Verbal explanation	
First consent	
Consent to be contacted for interview	
Questionnaire	

Contact details (if not already known)

Optional questions

Gender

Age or d.o.b.

Ethnic group

Screening questions:

Q1	Y/N
During the last month, have you been bothered by feeling down, depressed or hopeless?	
Q2	Y/N
During the last month, have you been bothered by having little interest or pleasure in doing things?	

No to both questions: proceed.

Yes to either: should be referred to school nurse for assessment.

Any action taken: _____

ID	PW	Date

Description of problem

What, when, where?	
How long has it been going on?	

Impact

Thoughts	
Feelings	
Bodily sensations	
Behaviour	

Summary_____

File copy

ID	PW	Date

Long term Goal (what, and by when)

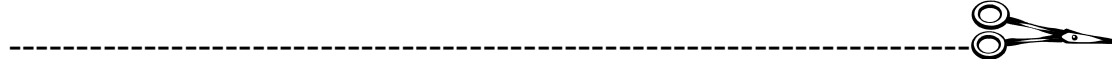
First short term goal	
Target Date	

Next contact

Date

Time

Place



Young person's copy

Long term Goal (what, and by when)

First short term goal	
Target Date	

Next contact : Date
 Time
 Place

Internet and phone help for teenagers

The Mental Health in Manchester website

www.mhim.org.uk

Interactive sites from East Lothian NHS

www.depressioninteenagers.co.uk www.stressandanxietyinteenagers.com

Manchester Health Promotion website

www.ru-ok.com

Durham NHS- a website designed by teenagers www.teenagementalhealth.com

Website from Tayside NHS

<http://www.cool2talk.org>

Government websites:

<http://www.need2know.co.uk/>

www.lifebytes.gov.uk

<http://www.mindbodysoul.gov.uk/>

Information about drugs

<http://www.talktofrank.com/>

Childline

www.childline.org.uk

NSPCC

www.nspcc.org.uk/kidszone

Manchester City Council website- services for young people

www.manchester.gov.uk/youth

Young Minds- a National Charity with high quality information www.youngminds.org.uk

Phone lines

Childline: 0800 1111

NSPCC: 0808 800 5000

Connexions: 084567 13 2 19

Social services: 0161 255 8250

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Follow up sheet

Questionnaire	Tick when completed
At first contact	
At final contact	
At three months follow up	

Screening questions (only if necessary):	
Q1	Yes/No
During the last month, have you been bothered by feeling down, depressed or hopeless?	
Q2	Yes/No
During the last month, have you been bothered by having little interest or pleasure in doing things?	
<p>No to both questions: proceed.</p> <p>Yes to either: should be referred to school nurse for assessment.</p>	
Any action taken:	

Notes

Thoughts	
Feelings	
Bodily sensations	
Behaviour	

Next step	
Date	

[illegible]

ID	PW	Date	<i>File copy</i>

Follow up appointment and short term goal

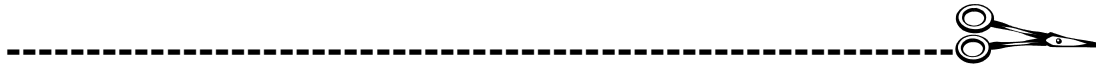
Next step	
Target Date	

Next contact

Date

Time

Place



Young person's copy

Follow up appointment and short term goal

Next step	
Target Date	

Next contact

Date

Time

Place

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