

**Faculty of Medical and Health Sciences**The University of Auckland  
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**PARTICIPANT INFORMATION SHEET – Focus Groups**

**Project title:** A Qualitative Exploration of Long-Term Condition Patients with Lived Experience of Depression/Anxiety Views on a Pharmacist-Led Mental Health and Well-being Intervention

**Name of Principal Investigator/Supervisor (PI):**

Professor Jeff Harrison, School of Pharmacy, University of Auckland

**Name of Co-investigator(s):**

Dr Amy Chan, School of Pharmacy, University of Auckland

A/Prof Frederick Sundram, Department of Psychological Medicine, University of Auckland

**Name of Advisor(s)**

Dr Kebede Beyene, School of Pharmacy, University of Auckland

**Name of Student Researcher(s):**

Patrick Cabasag, School of Pharmacy, University of Auckland

This research project is being conducted by Patrick Cabasag as part of a programme of PhD research. He is under the supervision of Professor Jeff Harrison.

**Background**

A large proportion of the adult population report having depressive symptoms that do not meet the criteria for clinical diagnosis of major depression. These are often referred to as subthreshold depression. The lifetime prevalence of subthreshold depression (StD) is estimated to be between 10% and 24%, with approximately one-third of patients with long-term conditions (LTCs) experiencing symptoms of depression.

Several studies have shown that at least 10% to 20% of participants with StD progress to major depressive disorders during a 12-month period of follow-up. One study showed a conversion rate of 41% from subthreshold depression to major depressive disorder. There is evidence showing that StD negatively impacts other LTC’s such as diabetes and cardiovascular disease to a similar degree as clinical depression. Individuals with ‘minor’ or mild-to-moderate depressive symptoms can still have similar levels of functional disability as those with a major depressive disorder and it is estimated that up to 80% of those affected may warrant intervention and treatment.

The National Institute for Health and Care Excellence (NICE) recommends early screening and brief psychological intervention to reduce complications related to StD. Because of the interrelated nature and frequency of a mixed presentation with anxiety disorders, it is logical to screen for and offer intervention for both sub-threshold anxiety and depression.

Focusing on expanding primary care services for depression and early intervention would be logical. Community pharmacists provide a viable option as primary health care providers who could incorporate this as part of an existing model of care, the Long Term Conditions service.

Community pharmacists are readily accessible and widely distributed, and the public’s high level of trust in pharmacists puts them in an ideal position to intervene to reduce the gap of the unmet needs of individuals with mental health conditions. Long-term condition patients have regular contact with their community pharmacist to collect their medicines and are well-placed to intervene and deliver interventions of this type. Previous research has shown community pharmacist-led interventions to be effective in optimising medicines use and improving patient-reported outcomes in individuals with mental health conditions.

This research programme aims to develop, implement, and evaluate an intervention to reduce the prevalence of depression and improve the health and well-being of people living with LTCs.

In this stage, we are gathering information from long-term condition patients with lived experience of depression/anxiety about the factors that need to be considered in the design of an intervention and the needs and wants of consumers. In other parts of the research, we will be talking with community pharmacists and other health professionals, professional bodies, funders and policymakers. Ultimately, we hope to bring these groups together to help co-design the intervention.

**About this study**

This study involves focus groups with consumers with a long-term condition/chronic condition and lived experience of depression/anxiety. We refer to this as the *discovery* phase. The purpose of the focus group is to gather as much information about consumer views on the proposal as possible to identify the things that need to be paid attention to, from the consumer perspective, during the intervention design phase.

The focus group is designed to allow the participant to speak openly about their thoughts and suggestions on the proposal in a group setting. However, to provide some structure for discussion, we feel the following topics are useful to cover:

* Experiences with mental health services
* Role of pharmacist in your mental health
* Initial thoughts on the intervention (positives/negatives)
* Do you see any value in the proposal?
* Barriers/Facilitators in implementing this intervention
* How can we enhance facilitators/mitigate barriers?
* Needs/wants of intervention
* Acceptability and cost of intervention
* Suggestions/recommendations on proposed intervention

This study is independent academic research: it is not being carried out on behalf of any organisation other than the University of Auckland; it is a student doctoral research project at the University of Auckland.

**Invitation to participate:**

If you are a consumer who has at least one long-term condition (e.g. diabetes, cardiovascular disease, respiratory disease etc.) and lived experience of depression and/or anxiety, we invite you to participate in this study. If you have a long-term condition but have not experienced depression/anxiety, we still encourage you to participate if you are interested in this area.

The focus group will be conducted in person at either the Faculty of Medical and Health Sciences at The University of Auckland, in Grafton, opposite Auckland Hospital or in either Greymouth or Hokitika on the West Coast. However, if this does not suit you, we invite you to participate in a Zoom focus group or an individual interview, as an alternative.

Participation in this study is voluntary. If you would like to participate, you will be asked to provide your signed consent by either post or email. If you are selected for the focus group, the student researcher will contact you by telephone or email to invite you to the date to be decided.

If you feel it is appropriate, you can forward information about this study to other people that may be eligible and who may be interested in this study. Anyone else who may be interested in participating in the research should contact the researchers directly.

To thank participants for their time and their contribution to the research, each participant will be offered an $80 voucher for participation in a focus group.

**Study procedures:**

We aim to recruit around 6-8 consumers for the focus group. We want to gather a range of views and understand the needs and wants of consumers.

Please note that we can only recruit up to a limited number of participants, so there is a chance that, even if you agree to participate, we may not be able to include you in the focus group if we have already reached our quota.

The focus group involves discussing a proposed community pharmacy-based service with a student researcher in person at the Faculty of Medical and Health Science or via Zoom. Focus groups will be undertaken in English. Unfortunately, we do not have the ability to conduct in NZ Sign language or Te Reo Māori.

The focus group will take around 60 – 90 minutes, depending on your answers and will consist of questions regarding your thoughts about the proposed clinical intervention. Focus groups will be audio-recorded and transcribed by the student researcher. Focus groups will be conducted during working hours from Monday to Friday unless otherwise agreed.

**Possible benefits and risks of study:**

There are no direct benefits or risks to you if you take part in this study. You are not expected to experience any adverse consequences or physical or psychological risks from this study.

Although not expected, there is a minimal risk of psychological harm to participants when discussing previous experiences of using mental health services. We understand that this may be a sensitive topic for some participants and can cause distress. In the event that you experience any distress, please contact your doctor for support and advice. You can also visit <https://www.wellbeingsupport.health.nz/available-wellbeing-support/> to find out more about the support services available to you.

Your participation, or not, in the study will not be disclosed. The recording and/or transcript of the focus group will be de-identified before storage and analysis. Your views will not be attributed to you in any reports or other outputs.

Quotes used in future reports and publications will not be attributed to individuals. Still, there is a small chance that, if people are aware that you participated, they will be able to infer that you were the person that said those things. The researchers will minimise this risk as much as possible.

**Data storage, retention, destruction, future use:**

Consent forms, focus group transcripts and other study data will be kept for a minimum of six years or until the publication process is complete, whichever is longer. Your focus group data will be stored using a code rather than your name or other identifying details. A separate, password-protected file will be kept linking your contact details with the code in case we need to get in touch with you to clarify anything; this file will only be accessible to Professor Jeff Harrison (Principal Investigator) and Patrick Cabasag (PhD researcher).

Any paper-based study data will be kept in a locked filing cabinet. All electronic files will be stored in password-protected files or folders in the University of Auckland secured network drive. Your information will only be accessible to the research team. After the publication process is completed, all information will be destroyed by shredding (paper data) or deletion (electronic files).

Results from this study will be reported in a doctoral student’s thesis, published in academic journals and presented at conferences. In addition, results may be reported in seminars, research grant applications and possibly closed meetings with other organisations, such as academic institutions and government departments interested in these findings. The information presented will not identify you in any way.

**Right to withdraw from participation:**

You have the right to withdraw from participation without giving a reason. You can withdraw from participation at any time before or during the focus group. You may refuse to answer any questions and are free to leave the group discussion without having to give a reason. However, because of the nature of the group situation, the recording device cannot be turned off during the discussion and, if you withdraw from the research, information you have contributed up to that point cannot be withdrawn.

**Anonymity and confidentiality:**

Your participation in the study will only be known to the research team. We will write reports and publications from the data collected during the study. If the information you provide is reported or published, you will not be identified: your name and any other identifying information will not be included in any reports or publications about the study; if we use quotes from your responses in the focus group, these will be de-identified. The research team will do their best to preserve confidentiality. However, given the nature of a focus group discussion, communication between participants will mean confidentiality of your identity is not guaranteed.

**Study results:**

If you participate in the study and wish to receive a summary of the preliminary results, please indicate this on the consent form. A summary will be sent to you by email once available. Please note that it may be up to a year before this is available.

**Funding:**

This study is funded by resources from the University of Auckland and the Health Research Council of New Zealand.

**Contact details:**

If you have any queries regarding the study, please contact Professor Jeff Harrison (Principal Investigator) Email: [jeff.harrison@auckland.ac.nz](mailto:jeff.harrison@auckland.ac.nz), or Patrick Cabasag (PhD researcher) Email: [patrick.cabasag@auckland.ac.nz](mailto:patrick.cabasag@auckland.ac.nz).

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at [ahrec@auckland.ac.nz](mailto:ahrec@auckland.ac.nz) or at 373 7599 ext. 83711 or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142.

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**Cultural Support**

Ifyou require cultural support, talk to your family members in the first instance. We have provided a link to support services at Whare Manaaki if you wish to receive cultural support. You can access the website and contact them in the following link: https://www.wharemanaaki.co.nz/contact

Approved by the Auckland Health Research Ethics Committee on 25/09/2023 for three years. Reference Number: AH25487