**Information Sheet: Questionnaire/Survey**

**Mental health education and training in the South African undergraduate pharmacy curriculum**

Ethics number: HS23/10/8

Dear Student,

I, Nosipho Magoxo, am pursuing my M.Pharm degree at the School of Pharmacy, University of the Western Cape, South Africa. I would like to invite you to take part in my research project. Please take time to read the following information carefully, and please feel free to ask questions if anything you read is not clear to you or if you’d like more information.

**What is the study about?**

The aim of this study is to describe the extent of mental health education and training in the undergraduate pharmacy curriculum, and its adequacy in preparing graduates to provide mental healthcare service.

**Why are you being invited to participate this study?**

As a final year pharmacy student, you are invited to participate in this study because you are at a better position to give feedback regarding mental health education and training in the undergraduate pharmacy curriculum. Having responses from pharmacy students about mental health education and training will allow us to identify gaps.

**What will you be expected to do in this questionnaire/survey?**

You are expected to complete an online self -self-administered questionnaire after signing the consent form. Participants will be asked specific questions.

**What are the potential risks involved in this study?**

There are no foreseeable risks for you if you participate in this study.

**What are the potential benefits involved in this study?**

There will be no direct benefit to you from participating in this study. Participation in this study is voluntary and you will not be paid for your time. Participants have a right to withdraw from the study at any time without explanation.

**Will my details be kept confidential?**

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), your details will be kept confidential. No details will be divulged at any stage of the study. The survey is anonymous.

**What type of personal information will be collected?**

The data collection will include participants’ age, gender, and professional details. will not contain any personal information.

**Who at UWC is responsible for collecting and storing my personal information?**

The researcher will be collecting and storing the data collected. Your personal information will not be linked to you at any phase of the research.

**Who will have access to my personal information outside of UWC?**

No one outside of UWC will have access to your personal information.

**How long will my personal information be stored?**

Electronic data will be kept on the project supervisor’s password-protected computer for five years and deleted thereafter. Hard copies will be kept in a locked drawer for five years and deleted thereafter.

**How will my personal information be processed?**

Your **personal information or identifiers** will not be used in any of the reports.

**Who do I contact for further information?**

Should you have any questions or require any further information, please do not hesitate to contact me Nosipho at 079 864 8266 or via email (2324251[@myuwc.ac.za](mailto:3502931@myuwc.ac.za)). Alternatively, you may also contact my supervisors Dr Elizabeth Egieyeh at 021 9592192 or via email ([eegieyeh@uwc.ac.za](mailto:eegieyeh@uwc.ac.za)) or Mrs Lorraine Dube at 021 9592472 or via email ([ldube@uwc.ac.za](mailto:ldube@uwc.ac.za)) at the School of Pharmacy, University of the Western Cape (UWC).

**To report any serious or adverse effects emergent from this research, please contact the ethics committee below:**

Humanities and Social Sciences Research Ethics Committee

Research and Postgraduate Support

University of the Western Cape

Private Bag X17

Bellville 7535

Tel: 021 959 4111

Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

**This information sheet is for you to download** **so that you can be aware of the purpose of the study.** **With your signature on the attached consent form, you indicate that you understand the purpose of the exercise.**

**Date: 08/09/2023**

|  |  |
| --- | --- |
| **Consent Form** |  |

**Project Title: Mental health education and training in the South African undergraduate pharmacy curriculum.**

**Researcher:** Nosipho Magoxo

**Please initial the boxes to show your agreement and understanding of what is expected for this study.**

1. I confirm that I have read and understood the information sheet explaining the

above research project and I have had the opportunity to ask questions about the project.

1. I understand that my participation is voluntary and that I am free to withdraw at any time

without giving any reason and without there being any negative consequences. In addition,

should I wish to withdraw, I may contact the lead researcher at any time to do so).

1. I understand my responses and personal data will be kept strictly confidential.
2. I give permission for members of the research team to have access to my responses without revealing any part of my identity.
3. I understand that my name will not be linked with the research materials, and that I will not be identified or identifiable in the reports or publications that result for the research.

6.  I agree for the **anonymized** data collected to be used in future research. (*Circle the appropriate*

*answer*). Yes / No

7. I hereby agree to be audio recorded. (*Circle the appropriate answer*). Yes / No

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

☐ I hereby give consent for my personal information to be collected, stored, processed, and shared as described in the information sheet.

☐ I do not give consent for my personal information to be collected, stored, processed, and shared as described in the information sheet.

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Name of Participant Date Signature

(*or legal representative*)

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Name of person taking consent Date Signature

*(If different from lead researcher)*

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Supervisor Date Signature

*Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.*

**HOD:**

NA

**Researcher:**

Nosipho Magoxo

School of Pharmacy

University of the Western Cape.

**Supervisor:**

Dr. Elizabeth Egieyeh

School of Pharmacy

University of the Western Cape