



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Amplifying --- Black --- Experiences

in Cannabis and Mental Health Research

VIRTUAL DIALOGUE SERIES



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“Talking to people with lived experience takes knowledge up another level.”

— DIALOGUE PARTICIPANT

ACKNOWLEDGMENTS

In 2018, the Mental Health Commission of Canada (MHCC) received funding from Health Canada to explore the relationship between cannabis and mental health. As part of this work, between December 2020 and April 2021, it hosted a series of virtual dialogues with researchers, community organizations, service providers, and people with lived experience within Canada’s Black¹ communities. The MHCC recognizes the disproportionate impacts that the criminalization of cannabis and other substances has had on racialized people in Canada, particularly members of Indigenous and Black communities.

While identifying knowledge and research gaps, the dialogues gave participants the opportunity to share their perspectives and experiences. This report is a digest of what we heard and is meant to help set the direction for future research investments and priorities.

The MHCC would like to express its gratitude to all dialogue participants, whose generous sharing of expertise and insight has formed the basis of this report.

The MHCC operates primarily on the unceded traditional territory of the Anishinabe Algonquin Nation, whose presence here reaches back to time immemorial. The Algonquin people have lived on this land as keepers and defenders of the Ottawa River watershed and its tributaries. We are privileged to benefit from their long history of welcoming many nations to this beautiful territory. We also recognize the traditional lands across what is known as Canada, on which our staff and stakeholders reside.

Our work uses an intersectional sex- and gender-based plus lens to identify, articulate, and address health and social inequities through policy action. In this respect, it is guided by engagement with diverse lived experiences (and other forms of expertise) that shape our knowledge syntheses and policy recommendations. We are committed to continuous learning, and we welcome feedback.

¹ As noted in the Key Takeaways section, for this dialogue series, *Black* is defined as any community or person who identifies as African, Black, or Caribbean. As is shown throughout, the MHCC recognizes that there is no single, homogeneous Black community.

FOREWORD

by Dr. Akwasi Owusu-Bempah



Photo credit: Evan Mitsui

This Virtual Dialogue Series on cannabis and mental health marks an important step toward informing research, public policy, care and treatment approaches, and more, with Black perspectives on issues that have affected Black communities for decades and are of particular interest and importance to me.

Having heard from researchers, community organizations, and people who consume cannabis, it is clear that Black communities in Canada continue to carry significant trauma regarding cannabis use — despite its legalization — and have not had enough of a chance to bring their voices forward.

I feel very fortunate to have been invited to moderate these dialogues. It was rewarding to engage thoughtfully with diverse and passionate groups of people, and I'm grateful the participants were so willing to share their time and thoughts, often in very personal ways.

Looking back on the sessions, three points stand out. First, to develop meaningful knowledge about mental health, cannabis, and Black communities in Canada, people's first-hand experiences need to be part of the conversation. We heard repeatedly that, for researchers, practitioners, and community members alike, experiential data is key — partly due to the lack of other forms of information and partly as a matter of trust.

Second, the dialogues underscored that developing meaningful knowledge about mental health, cannabis, and Black communities is crucially important. The gaps that exist perpetuate stigma and misinformation and compromise people's quality of care and support. Where academic or other research is being accessed, it is largely from other jurisdictions — primarily the United States. I was struck that the knowledge and perspectives of Black communities in Canada have not made their way into policy making or practice.

Lastly, participants in all three dialogues made it clear that research and knowledge creation must be undertaken in collaboration with Black communities, not *on* them — that they (*we*) must play a role in generating and disseminating information from project inception onwards. Engaging Black communities as equal partners will be critical for any new knowledge to be both valuable and relevant.

I thank all of the participants in the dialogues as well as those who expressed interest but were unable to join us. I sincerely hope there will be other opportunities. I thank the team at the Mental Health Commission of Canada for giving me the opportunity to be involved and for their respectful coordination of the process.

I hope this report is widely shared and well received. I am sure its contents will be of great value to a variety of audiences. I hope governments, policy makers, and funding agencies take note, and that what the dialogues unearthed will prompt further research where needed.

A handwritten signature in black ink that reads "Bempah". The signature is stylized with a circular flourish at the beginning.

Dr. Akwasi Owusu-Bempah
University of Toronto

“If we really want to do emancipatory research, we need to look at who is leading it, how they’re leading it, the state’s construction of Blackness, and heterogeneity.”

— DIALOGUE PARTICIPANT

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INTRODUCTION

After Health Canada provided funding to the Mental Health Commission of Canada (MHCC) in 2018 to explore the relationship between cannabis and mental health, one of the first steps was to conduct an environmental scan and scoping review. That review revealed a need to engage a broader range of communities in research, including those consisting of immigrant, refugee, ethnocultural, and racialized First Nations, Inuit, and Métis and 2SLGBTQ+ people.¹

Subsequently, the MHCC invested in 40 research projects that explore the relationship between cannabis and mental health with a focus on priority populations. To inform these investments and guide future research, the MHCC reached out to several communities.

The Virtual Dialogue Series summarized in this report focused specifically on the experience and perspectives of Black² communities. It engaged about 50 individuals, including researchers, service providers, and people with lived experience in open discussions about where and why research gaps exist, what the barriers might be, and which high-priority topics should be pursued. The dialogues took a distinctions-based approach, recognizing that, while various communities may have similar experiences that overlap, all have their own unique needs.

The three virtual dialogues were held between December 2020 and April 2021. Using a roundtable format, participants responded to questions the MHCC prepared. Dr. Akwasi Owusu-Bempah from the University of Toronto's department of sociology moderated the discussions.

¹ See *Cannabis and Mental Health: Priorities for Research in Canada*.

² For this dialogue series, *Black* is defined as any community or person who identifies as African, Black, or Caribbean. As is shown throughout, the MHCC recognizes that there is no single, homogeneous Black community.

VIRTUAL DIALOGUE SERIES OBJECTIVES

Identify research priorities in the areas of mental health, cannabis, and substance use within Black communities.



Explore challenges and opportunities for research in the area of mental health, cannabis, and substance use within Black communities.



Discuss key racial inequity issues and recommendations on how inequities could be addressed in research.



WHAT WE HEARD

Key takeaways from the dialogues

From nearly five hours of discussions among participants of various ages, genders, professions, and backgrounds, the following key, recurring themes emerged:

1 There is no single Black community.

Canada's Black communities are heterogeneous, with diverse ethnocultural backgrounds, histories of immigration, religious traditions, and attitudes about gender, parenting, education, sexual orientation, and other factors. This heterogeneity enriched our discussions and must be considered by researchers, policy makers, and practitioners alike.

2 To discuss cannabis use in Black communities is to discuss systemic racism and other structural issues in Canadian society.

The relationship between cannabis use and mental health in Black communities cannot be considered separately from questions of systemic racism, structural violence, or the traumas of criminalization and stigmatization.

3 Cannabis use and mental health issues remain highly stigmatized.

The history of cannabis as an illegal substance is linked with shame and criminalization: negative stereotypes about Black people and mixed views within Black communities. Mental health challenges also carry their own stigma — again, both broadly and within Black communities.

4 The criminalization of cannabis use, in conjunction with systemic racism, has created a mistrust of institutions and authority.

Criminalization and systemic racism have caused Black people to be disproportionately incarcerated and Black children to be overrepresented among those removed from their parents. As a result, Black individuals are often reluctant to speak to researchers and are skeptical of their motivations, with ongoing fears of racial profiling.

5 Canada's medical community is perceived to have poor knowledge of cannabis.

Even though medicinal cannabis has been legal in Canada for 20 years, physicians generally appear to have little knowledge of its properties and therapeutic uses — either from research or personal experience. The medical community clearly seems to have negative views about cannabis, often stigmatizing those who consume it.

6 Participants placed high value on lived experience and cultural relevance when considering information on cannabis use and mental health.

Generally, when information aligns more with consumers' own lived experiences and/or with the views held in Black communities, the more often people in those communities will trust it.

7 There is little research or credible public information on cannabis or its relationship to mental health — either generally or for Black people.

Cannabis and its use has received relatively little study in Canada, and most existing data is homogenized — and is not specific to Black communities or their unique experiences. This omission has likely contributed to significant research and knowledge gaps.

8 Research participants should be compensated.

Researchers and participants in community organizations both stressed the importance of remunerating participants for research contributions through stipends or honorariums to cover costs related to child care, transportation, or time.

“We don’t have the protection of our complexion.”

— DIALOGUE PARTICIPANT

9 Canada needs race-based and intersectional data on cannabis and mental health.

Future research will be valuable only to the extent to which supporting data is collected using an intersectional lens that includes the race and ethnicity of its participants.

10 Many Black cannabis consumers see cannabis as a legitimate means of improving quality of life and treating physical and mental health concerns.

In many cases, individuals consume cannabis to cope with personal stresses and anxiety, which may be related to broader structural or historical conditions and generational trauma.

Unique perspectives

While many themes were consistent across the three sessions, participants in each raised unique observations based on their respective experiences as researchers, community workers, or community members.



Dialogue 1: Researchers

Much existing research into cannabis is medical in nature. Participants felt that social science and humanities researchers should receive equitable consideration when applying for health research grants.



Dialogue 2: Community organizations

Participants thought the low quality of publicly available cannabis information and its censorship by social media sites were racially motivated.



Dialogue 3: Community members

Community participants suggested that

1. health insurance plans should cover therapeutic cannabis use,
2. decriminalization should be retroactive, and
3. cannabis does not have uniform effects (each consumer has a different experience and a unique, personal relationship to it).

SESSION SUMMARIES

The following synopses of each virtual dialogue provide more detail on the topics covered and perspectives shared by participants.



Dialogue 1: Researchers

The dialogue began with a facilitated discussion among researchers who had diverse perspectives and expertise on cannabis, mental health, and their intersections with race. Over the course of the 90-minute session, it became clear that any talk of cannabis and mental health touches on structural issues in Canadian society, especially the presence of systemic racism, inequities in police stop-and-search policies, and racial profiling. Acknowledging these traumas could help identify new ways to address the problem of “social ideology”: the influence of criminalization and stigma on mental health. There was also support expressed for a major ethnographic or longitudinal study on the impact of racism, cannabis, and criminalization among Black youth.

Participants also felt that Canada’s health system was a source of harm to Black people where cannabis and mental health are concerned. They thought it was important to understand Black individuals’ experiences with this system, since it often reinforces dominant cultural values and contributes to fear and mistrust among Black people who use cannabis.

As a result, many are less willing to turn to medical professionals for support in connection with cannabis and mental health; instead, they look to community and religious leaders. For Black people in Canada, the community is generally a significant source of information, which can have both positive and negative outcomes, depending on what is being conveyed.

In addition, the role of parents and inter-familial relationships was stressed, as was the importance of the home as a starting point for good mental health. Ethnicity is significant, since there are many Black communities in Canada, each characterized by different cultural, geographic, and religious backgrounds. Research needs to address the

intersectionality of gender, race, age, culture, and other factors.

Research needs to be led by Black researchers

While new funding is being allocated to studying mental health in Black communities, participants mentioned that those carrying it out aren’t necessarily committed to the communities themselves and that governments to date have not been funding Black-led research. There was a strong sense that, for research to be valuable and relevant, Black communities need a say in how research is structured and led and how it aligns with the government’s construction of Blackness.

Communities must be equal partners in research

Researchers in the session discussed participatory action research as a model, which supports capacity building and knowledge sharing among community partners. They talked about the need to speak directly with families to better understand attitudes toward cannabis use in the home.

Establishing the proper research scope and scale remains difficult

Some noted that Canada’s practice of not collecting race-based data leaves major gaps in knowledge on cannabis use by Black people. Oversampling or adding Black-specific research to projects already underway could help close that gap, though it was pointed out that Black researchers may not always have connections to the organizations engaged in such work, limiting their ability to collaborate. Linkages between cannabis use and experiences of discrimination, family modelling and dynamics,

Dialogue 1: Questions posed

1. What are some of the current knowledge and research gaps specific to cannabis and the mental health needs of Black communities in Canada?
2. Are there specific types of research that are best suited to exploring the relationship between cannabis/substance use and mental health within Black communities?
3. What considerations do funders need to be aware of in terms of carrying out this type of research?
4. What are some of the research priorities in the area of mental health, cannabis, and substance use within Black communities?
5. What barriers/challenges exist to carrying out research in the area of mental health and cannabis/substance use with Black communities in Canada?
6. What are some possible solutions you see to addressing these challenges/barriers?
7. What are some of the racial inequity issues facing Black communities when it comes to addressing mental health and cannabis use? How might some of these inequities be addressed through research?

and issues related to race, health outcomes, and social factors were all considered potential areas for research.

Research participants should be compensated for their time

Researchers and participants in community organizations alike stressed the importance of remunerating participants for contributing to research through stipends or honorariums to cover costs related to child care, transportation, or time.

Stigma, framing, and fatigue present significant barriers

Black persons' reluctance to engage with researchers, stigma around cannabis use, and the framing of research questions are all significant barriers. There is also fatigue in Black communities stemming from being researched extensively by people from outside their own communities or participating in research that is irrelevant to them. For researchers to gain buy-in from participants, they need to provide safe spaces where people can answer questions honestly and without fear of negative consequences. They also need to account for different attitudes toward discussing mental illness overall, as it is still considered a taboo subject in some cultures.

Meaningfully embedding race into research can help overcome barriers

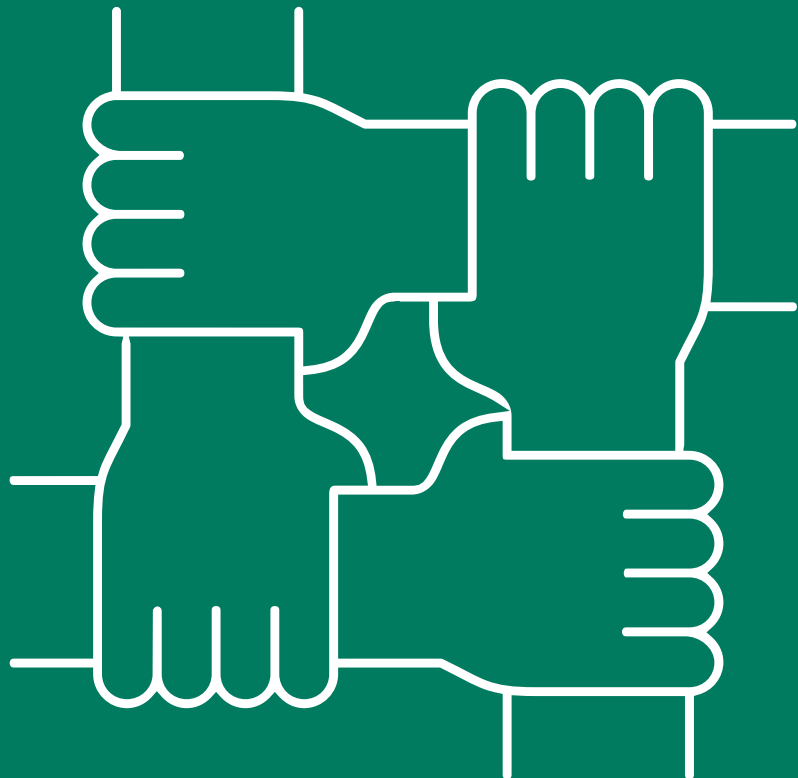
Many participants supported the idea of embedding race as a consideration in future research into cannabis use. Much as funding bodies instill gender-based analysis plus considerations into their granting processes, embedding race into proposal writing and review for new research could be beneficial. Other suggestions included:

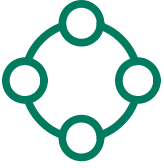
- addressing anti-Black racism and intersectional violence
- supporting Black graduates' mental health training and certification
- aiding campaigns and research on cannabis amnesty and the connection of cannabis to healing and spirituality in African-based ways of knowing
- expanding sample sizes to get the right representation



Research that centralizes the voices of communities and partnerships requires us to think outside the box.

— DIALOGUE PARTICIPANT





Dialogue 2: Community organizations, and front-line service and health-care providers

In the second dialogue, individuals with a wide range of experiences, including providers in health care and mental health, educators, and community advocacy groups shared their thoughts and points of view.

Participants echoed the first dialogue's observations about a general lack of quality regarding Canadian research into cannabis use and mental health. Several said they go directly to growers and processors licensed under Marijuana Medical Access Regulations or simply “follow the smoke” to dispensaries and consumers for information. Where research does exist, the findings are limited in scope, racially desegregated, or out of date. Some social service workers said they consult U.S.-based sources such as SAMHSA (Substance Abuse and Mental Health Services Administration) and Boston Children's Hospital.

Stigma, mistrust, and racism are barriers to productive discussions

Stigma leads many people in Black communities to hide their cannabis use for fear of it becoming a destructive family topic. Its history as an illegal substance, and Black communities' long-time mistreatment by authorities in connection with it, means that many consumers remain reluctant to open up to government agencies about their cannabis use, despite its now-legal status. Some participants working in community organizations believe that misinformation about cannabis is racially motivated and perpetuates negative stereotypes. Information about the benefits and risks of cannabis use and knowledgeable Black medical practitioners are both in short supply.

Canada's medical community lacks knowledge

Participants felt that physicians' overall knowledge about and competency with cannabis are low and that more effort is needed to counter “diagnostic overshadowing,” in which clinicians focus on a person's cannabis use instead of their other health conditions. People in Black communities also experience transgenerational stigma, in which one generation stigmatizes another over its cannabis use. More research could be done to identify the various reasons why people consume cannabis — e.g., to manage pain, ease anxiety, etc. — and into how individuals acquire prescriptions for medical cannabis.

The importance of trust and transparency

Researchers and community organizations will need to focus on establishing trust within the communities they intend to carry out their research in before gathering data. Though it was observed that people in Black communities may be open to sharing their experiences, they need to trust the people they're talking to. Researchers can establish trust within Black communities by engaging community representatives to recruit participants rather than approaching them directly. Researchers also need to pay careful attention to the timing and format of the interviews and offer to compensate participants for their time and any additional arrangements (e.g., child care, travel) they need to make.

Transparency, too, is key. Given the long history of mistreatment, researchers and community organizations need to be upfront about how they will use the information and data participants provide.

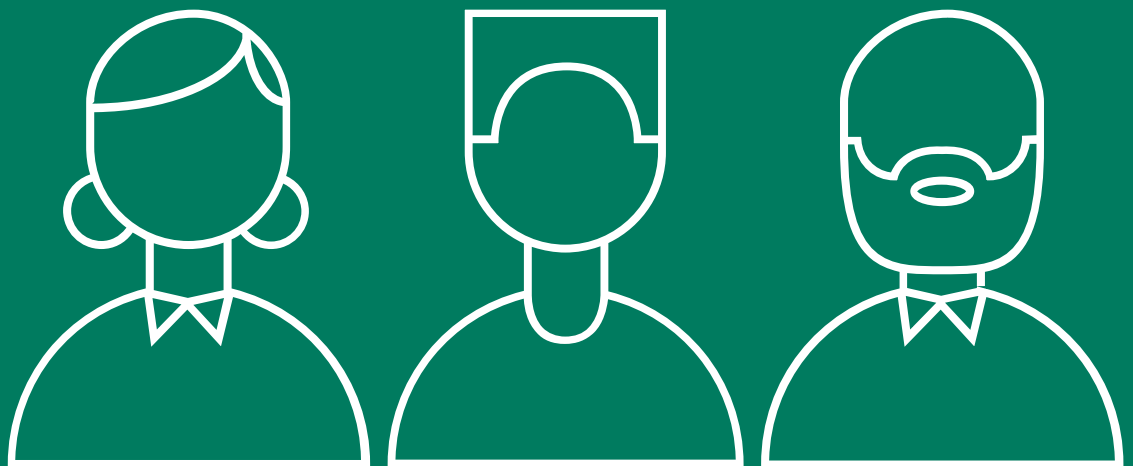
Dialogue 2: Questions posed

1. How do you use or rely on research in your work? Where do you go for accurate information on mental health/cannabis to support the communities you work with?
2. Based on your line of work, what areas of research and/or knowledge are currently missing that could better inform and support services for Black communities as it relates to mental health and cannabis or other substance use?
3. What are you seeing within your community or client and patient groups that you believe deserves the attention of researchers and warrants further research?
4. When I think about my work supporting Black communities, it would be easier to do my job if I/ others knew...
5. What considerations do researchers, funders, and decision makers need to be aware of when creating calls for new research funding opportunities or carrying out research on mental health, cannabis, and substance use within Black communities?
6. What barriers/challenges do you think exist to carrying out research in the area of mental health and cannabis/substance use with Black communities in Canada? What are some possible solutions that could address these challenges/ barriers?
7. What can be done to make research/evidence more accessible or useful to you and better support your work and the communities you work with?
8. What are some of the racial inequality issues facing Black communities when it comes to addressing mental health and cannabis use? How might some of these inequities be addressed through research?



**We as a community are not a monolith.
We come from many different places ...
We don't all share the same ideas or ideals.
We have different values.
We have different levels of
access to information.**

— DIALOGUE PARTICIPANT





Dialogue 3: Black community members

In a free-flowing discussion, participants in this dialogue recounted their first-hand experiences with cannabis, as well as stigma and shame regarding its use. They also highlighted many positives resulting from its legalization and suggested how governments and researchers could engage Black communities in a more constructive way.

The lingering mistrust of authority among Black cannabis consumers and low levels of knowledge among medical professionals appear to have led many to rely on their own experience and/or information from other consumers in the community when learning about cannabis and mental health. Some said they would be more likely to consult YouTube or TikTok, where people discuss their experiences openly, as well as documentaries that feature opinions and facts that mainstream media might consider taboo. Cannabis communities such as *Afro Cannada Budsistas'* Wellness Wednesday program were also cited as useful forums.

Participants in this dialogue felt that personal experience is a primary criterion for the reliability of information on cannabis, even when dealing with medical professionals. Those who work with young consumers said they sometimes feel tension between what they personally know to be true and the “official” information they may be mandated to use. Some commented that research from the U.K. and Israel is less biased than research conducted in Canada.

More research on the endocannabinoid system is needed

Participants felt that learning about cannabis use is a matter of trial and error, as there is no one-size-fits-all experience for every individual. Some attributed this to the human endocannabinoid system, which can produce vastly different and physiological responses to cannabis use depending on the person. It was generally agreed that this system is not well understood and should be studied in more detail.

Stigma and stereotypes make engaging with physicians difficult

Stigma was seen as a significant barrier to seeking out additional information on mental health and cannabis use, for fear of reinforcing negative racial stereotypes. Cannabis users have had physicians blame cannabis use as the cause for everything from neurological disorders to menopause. Consumers were also reluctant to discuss their cannabis use with their physicians out of a fear that it may have brought on the very issues they consume it to alleviate.

Community members who seek out information on cannabis can also be hindered by a lack of common language to describe it, saying that much of the information available is too technical for a layperson to understand. This finding reintroduced the earlier issue of relatability to health-care professionals, with one participant expressing frustration at being unable to find a therapist who was both Black and supportive of cannabis use.

Different strains of cannabis could address additional medical conditions

Participants suggested that the potential for various strains of cannabis to treat a variety of health issues such as diabetes and high blood pressure is worthy of study, particularly at the genetic level, as is the impact of various strains on dealing with trauma. Participants stressed the importance of involving Black researchers in exploring these new avenues.

Legalization has been positive

The legalization of cannabis was seen as overwhelmingly positive, making it safer and less stressful and stigmatizing to buy cannabis while increasing access to a greater variety of products and more reliable information about their uses and characteristics. Participants raised the need for the expungement of records related to cannabis offences as a way to alleviate the mental strain experienced by

Dialogue 3: Questions posed

1. Where do you go for accurate information on mental health and cannabis?
2. What are some of the barriers to accessing useful and relevant information on mental health and cannabis or other substance use?
3. How do you go about evaluating the information you're getting?
4. Based on your experiences, what areas of knowledge are currently missing that could better inform and support services for Black people and communities as it relates to mental health and cannabis or other substance use?
5. What are you seeing within your community that you believe deserves the attention of researchers and warrants further research?
6. Are there any specific issues relating to cannabis/substance use and mental health that you think the general public, health practitioners, or governments are unaware of?
7. What possible impact could different strains of cannabis have in addressing cannabis and mental health?
8. Do you think cannabis legalization has had an impact on the mental health of Black people in Canada (either positively or negatively)?
9. What policy or program changes do you think need to happen to better support Black communities when it comes to mental health and cannabis/substance use? What evidence (research) do you think could help support making the case for these changes?
10. What considerations do researchers need to be aware of when carrying out research on mental health, cannabis, and substance use within Black communities?
11. When I think about cannabis and mental health and the Black community, I wish I/others knew...
12. What can be done to make knowledge and evidence more accessible or useful to members of Black communities?

those serving time in prison for such offences and to redress the legacy of what they viewed as systemic racism in Canada's cannabis legislation and justice system.

One possible negative result of legalization could be an uptick in cannabis use among Black youth, which would reinforce negative racial stereotypes. Another was that it would lead to Black youth to consume it in ways that increase health and social risks. Another concern was the persistent lack of credible and easily understandable government information about cannabis and mental health.

Lived experience can inform policy and improve research

Participants stressed the importance of validating lived experience and the need to include Black voices in new research. This view included the caveat that there is no single Black community and that Black communities exist not just in downtown Toronto but

across the country. Much like the previous dialogue, lived experience and Black voices were seen as key elements in building trust among research participants and ensuring the cultural relevance of the results.

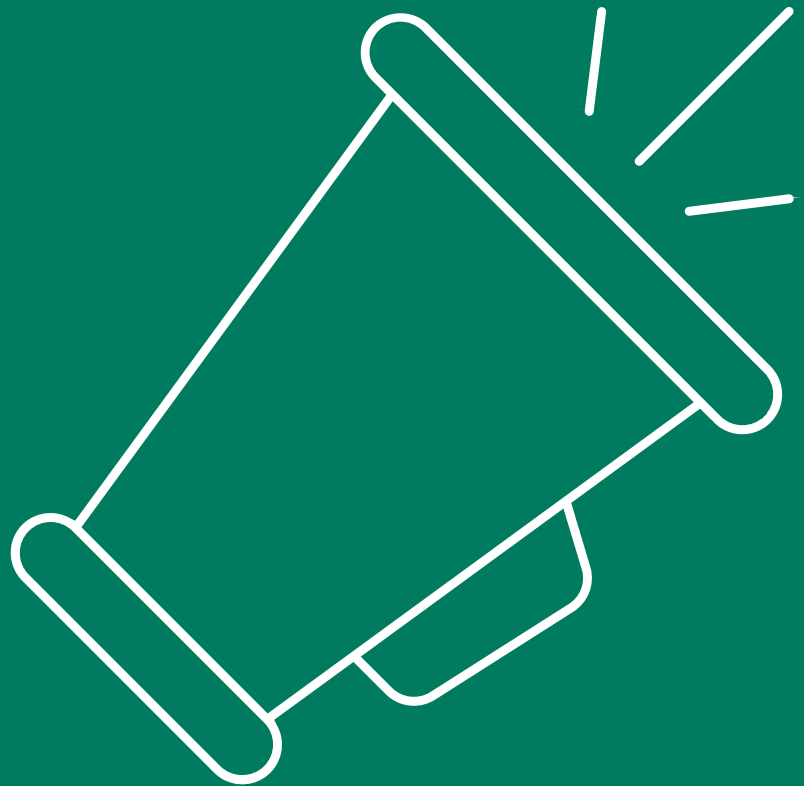
Toward normalization

Participants suggested establishing a national program to boost cannabis literacy within Black communities, using community organizations as the primary channel. Others felt that cannabis should be covered by people's health insurance plans. Given the diversity of Black communities in Canada, the group felt there should be more attention given to identifying culturally and historically sensitive ways to discuss cannabis. They supported promoting specific policy changes, including increased funding for Afro-centric, Black-run, Black-managed, and Black-operated mental health services.



**We haven't demanded accountability
and cannabis literacy from our
health care system.
Let's change that.**

— DIALOGUE PARTICIPANT



WHAT'S NEXT?

Reflecting on the virtual dialogues, five points stood out as recommended ways that the MHCC and other research funding bodies could build greater knowledge of cannabis and mental health in Canada's Black communities:

1

Study cannabis in the proper cultural context

To address the most significant and longest-standing barriers to understanding cannabis and mental health in Black communities, new research must take into account the broader issues of stigma, systemic racism, and ongoing institutional mistrust.

2

Study cannabis consumption and its effects on mental health over time

To address knowledge gaps in cannabis use and mental health, Canada needs to support and/or sponsor new longitudinal research into why people consume cannabis — particularly within Black historical and cultural contexts — and the long-term effects on mental health of doing so.

3

Enable Black researchers to shape research with communities

To increase the credibility and cultural relevance of new research into cannabis and mental health within Black communities, research and funding opportunities need to be designed, conducted, and disseminated in collaboration with members of those communities. More broadly, new research proposals should consider race in addition to sex and gender in their data collection.

4

Build community capacity to lead cannabis education

To more effectively inform Black communities of the relationship between cannabis use and mental health, Canada needs to invest in capacity building for education and knowledge transfer within Black community organizations and trusted community leaders.

5

Validate personal and lived experience of cannabis use for mental health

To inform policy and create culturally relevant educational materials, researchers and clinicians need to validate the knowledge gained from personal and lived experience of cannabis use.

“It’s not going to normalize itself.”

— DIALOGUE PARTICIPANT

APPENDIXES

Dialogue agendas and questions



DIALOGUE 1: RESEARCHERS

WEDNESDAY, DECEMBER 9, 2020, 1 - 2:30 P.M. ET

Objectives

1. Identify research priorities in the areas of mental health, cannabis, and substance use within Black communities.
2. Explore challenges and opportunities for research in the area of mental health, cannabis, and substance use within Black communities.
3. Discuss key racial inequity issues and recommendations on how inequities could be addressed in research.

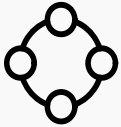
Agenda

Time	Activity	Lead
1:00 - 1:10 p.m.	Welcome and Overview of Dialogue Series	KRISTA BENES, Acting Director, Mental Health and Substance Use, Mental Health Commission of Canada
1:10 - 1:15 p.m.	Opening Remarks	DR. AKWASI OWUSU-BEMPAH, University of Toronto
1:15 - 2:25 p.m.	Facilitated Discussion Discussion questions have been provided to participants in advance.	Moderated by DR. AKWASI OWUSU-BEMPAH
2:25 - 2:30 p.m.	Closing Remarks	CARA KANE, Knowledge Broker, Mental Health and Substance Use, Mental Health Commission of Canada

To make the most of our limited time together, we will not be facilitating introductions during the session. We encourage participants to learn more about each other prior to this dialogue and to continue collaborating with each other afterward by accessing participant bios and contact information, which has been shared along with the agenda.

Questions set

1. What are some of the current knowledge and research gaps specific to cannabis and the mental health needs of Black communities in Canada?
2. Are there specific types of research that are best suited to exploring the relationship between cannabis/substance use and mental health within Black communities?
3. What considerations do funders need to be aware of in terms of carrying out this type of research?
4. What are some of the research priorities in the area of mental health, cannabis, and substance use within Black communities?
5. What barriers/challenges exist to carrying out research in the area of mental health and cannabis/substance use with Black communities in Canada?
6. What are some possible solutions you see to addressing these challenges/barriers?
7. What are some of the racial inequity issues facing Black communities when it comes to addressing mental health and cannabis use? How might some of these inequities be addressed through research?



DIALOGUE 2: COMMUNITY ORGANIZATIONS, AND FRONT-LINE SERVICE AND HEALTH-CARE PROVIDERS

THURSDAY, FEBRUARY 25, 2021, 1 - 2:30 P.M. ET

Objectives

1. Identify research priorities in the areas of mental health, cannabis, and substance use within Black communities.
2. Explore challenges and opportunities for research in the area of mental health, cannabis, and substance use within Black communities.
3. Discuss key racial inequity issues and recommendations on how inequities could be addressed in research.

Agenda

Time	Activity	Lead
1:00 - 1:10 p.m.	Welcome and Overview of Dialogue Series	KRISTA BENES, Acting Director, Mental Health and Substance Use, Mental Health Commission of Canada
1:10 - 1:15 p.m.	Opening Remarks	DR. AKWASI OWUSU-BEMPAH, University of Toronto
1:15 - 2:25 p.m.	Facilitated Discussion Discussion questions have been provided to participants in advance.	Moderated by DR. AKWASI OWUSU-BEMPAH
2:25 - 2:30 p.m.	Closing Remarks	CARA KANE, Knowledge Broker, Mental Health and Substance Use, Mental Health Commission of Canada

To make the most of our limited time together, we will not be facilitating introductions during the session. We encourage participants to learn more about each other prior to this dialogue and to continue collaborating with each other afterward by accessing participant bios and contact information, which has been shared along with the agenda.

Questions set

1. How do you use or rely on research in your work? Where do you go for accurate information on mental health/cannabis to support the communities you work with?
2. Based on your line of work, what areas of research and/or knowledge are currently missing that could better inform and support services for Black communities as it relates to mental health and cannabis or other substance use?
3. What are you seeing within your community, or client and patient groups, that you believe deserves the attention of researchers and warrants further research?
4. When I think about my work supporting Black communities, it would be easier to do my job if I/others knew...
5. What considerations do researchers, funders, and decision makers need to be aware of when either creating calls for new research funding opportunities or carrying out research on mental health, cannabis, and substance use within Black communities?
6. What barriers/challenges do you think exist to carrying out research in the area of mental health and cannabis/substance use with Black communities in Canada? What are some possible solutions that could address these challenges/barriers?
7. What can be done to make research/evidence more accessible or useful to you and better support your work and the communities you work with?
8. What are some of the racial inequality issues facing Black communities when it comes to addressing mental health and cannabis use? How might some of these inequities be addressed through research?



DIALOGUE 3: BLACK COMMUNITY MEMBERS

THURSDAY, APRIL 29, 2021, 1 - 2:30 P.M. ET

Objectives

1. Identify research priorities in the areas of mental health, cannabis, and substance use within Black communities.
2. Explore challenges and opportunities for research in the area of mental health, cannabis, and substance use within Black communities.
3. Discuss key racial inequity issues and recommendations on how inequities could be addressed in research.

Agenda

Time	Activity	Lead
1:00 - 1:10 p.m.	Welcome and Overview of Dialogue Series	KRISTA BENES, Acting Director, Mental Health and Substance Use, Mental Health Commission of Canada
1:10 - 1:15 p.m.	Opening Remarks	DR. AKWASI OWUSU-BEMPAH, University of Toronto
1:15 - 2:25 p.m.	Facilitated Discussion Discussion questions have been provided to participants in advance.	Moderated by DR. AKWASI OWUSU-BEMPAH
2:25 - 2:30 p.m.	Closing Remarks	CARA KANE, Knowledge Broker, Mental Health and Substance Use, Mental Health Commission of Canada

To make the most of our limited time together, we will not be facilitating introductions during the session. We encourage participants to learn more about each other prior to this dialogue and to continue collaborating with each other afterward by accessing participant bios and contact information, which has been shared along with the agenda.

Question set

1. Where do you go for accurate information on mental health and cannabis?
2. What are some of the barriers to accessing useful and relevant information on mental health and cannabis or other substance use?
3. How do you go about evaluating the information you're getting?
4. Based on your experiences, what areas of knowledge are currently missing that could better inform and support services for Black people and communities as it relates to mental health and cannabis or other substance use?
5. What are you seeing within your community that you believe deserves the attention of researchers and warrants further research?
6. Are there any specific issues relating to cannabis/substance use and mental health that you think the general public, health practitioners, or governments are unaware of?
7. What possible impact could different strains of cannabis have in addressing cannabis and mental health?
8. Do you think cannabis legalization has had an impact on the mental health of Black people in Canada (either positively or negatively)?
9. What policy or program changes do you think need to happen to better support Black communities when it comes to mental health and cannabis/substance use? What evidence (research) do you think could help support making the case for these changes?
10. What considerations do researchers need to be aware of when carrying out research on mental health, cannabis, and substance use within Black communities?
11. When I think about cannabis and mental health and the Black community, I wish I/others knew...
12. What can be done to make knowledge and evidence more accessible or useful to members of Black communities?



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2021

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