



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Closing Research Gaps on Cannabis and Mental Health



In 2018, the federal government allocated \$10 million over five years to the Mental Health Commission of Canada (MHCC) to help assess the impact of the legalization and use of cannabis on the mental health of Canadians. This included commissioning research to investigate the risks and benefits of cannabis as well as the varying needs of diverse populations. This resource highlights progress toward that goal.



MHCC receives \$10M

### Scoping Activities

### Research Investments

### Mobilizing Knowledge

### Evaluating our Efforts

2018

2019

2020

2021

2022

2023

# 1. Scoping Activities (2018–2019)

## What we did:

- ✓ Contracted a research team at the University of Calgary to conduct [an environmental scan and scoping review](#) that assessed the status of knowledge on cannabis and mental health
- ✓ Held [a community-based research forum](#) in Ottawa to exchange knowledge and identify research gaps and community needs:
  - This innovative event included a diverse range of mental health and substance use experts, including people with lived and living experience (PWLLE), family members, caregivers, policy makers, service providers, and community-based researchers.
- ✓ Co-hosted an [Inuit-specific forum](#) (with Inuit Tapiriit Kanatami, the Canadian Centre on Substance Use and Addiction [CCSA], and the Nunatsiavut Department of Health and Social Development) in Happy Valley-Goose Bay, Newfoundland and Labrador

## What we learned:

- ✓ The biggest gaps in evidence are found in **research focused on mental health outcomes for equity-deserving groups** and PWLLE.
- ✓ **Qualitative research is needed** to complement, validate, and nuance quantitative findings, including the cultural and social factors that influence cannabis use.
- ✓ Research must be conducted in a way **that dismantles the systemic barriers and power dynamics** impacting equity-deserving communities.
- ✓ Opportunities exist to **develop more accessible information** on cannabis, including use, risks, benefits, and its relationship to mental health.



## 2. Research Investments (2019–2022)

### What we did:

- ✓ Led multiple open calls to fund 40 research projects that would close gaps and strengthen the evidence base on cannabis and mental health
- ✓ Selected research teams based on diverse topic areas, subpopulations, and methods
- ✓ Ensured that a range of methods were used, including longitudinal data, clinical trials, and community-led and participatory action research to better understand the experience, knowledge, and needs around cannabis and mental health
- ✓ Required nearly all projects to involve and centre on people from historically under-represented groups (key subpopulations included children and youth, parents, Veterans, older adults, health-care providers, newcomers, and justice-involved, 2SLGBTQI+, and Indigenous persons)
- ✓ Provided research teams with capacity-bridging supports, including workshops and monthly drop-in calls to share successes and brainstorm solutions



### What we learned:

- ✓ The **cannabis and mental health research community is highly motivated and dedicated**. Despite extremely challenging circumstances, they demonstrated passion, drive, and persistence.
- ✓ **Partners can go further together**. The MHCC was privileged to partner with the Canadian Institutes of Health Research (CIHR) and use their peer review process for several research funding opportunities.
- ✓ Obtaining **a variety in funding streams** (e.g., academic, community-based, clinical research) allowed for more diverse topics, methods, and findings.
- ✓ **Flexible funding agreements** are needed that respond to both key partner and community needs and evolving circumstances (e.g., COVID-19).
- ✓ Research teams can benefit from **capacity building opportunities** (especially those who may not have extensive research experience), including workshops on grant writing, reporting, applying a sex- and gender-based analysis plus (SGBA+) lens, etc.
- ✓ **Facilitating connections** between PWLLE, researchers, policy makers, and practitioners can help them build relationships and share knowledge.
- ✓ **Realigning power dynamics** and **dismantling barriers** among funders, policy makers, and researchers helps to centralize PWLLE voices.
- ✓ **Pushing the innovation envelope** can encourage opportunities to think outside the box (e.g., recognizing storytelling as a credible research method).

# 3. Mobilizing Knowledge (2019–2023)

## What we did:

The MHCC worked closely with research teams and external partners to mobilize findings and make sure decision makers and communities had access to timely and relevant information on cannabis and mental health. Key activities:

- ✓ Commissioning a series of videos, including an animated video on community-based research and seven videos showcasing the unique experiences, challenges, and innovations demonstrated by several research teams
- ✓ Developing a user-friendly, accessible [summary of completed search projects](#), including key findings and insights from each team and any recommendations
- ✓ Co-hosting an end-of-grant event to facilitate knowledge exchange among all MHCC- and CCSA-supported cannabis research teams, share their research experience and findings, build relationships, and strengthen the cannabis and mental health research network
- ✓ Supporting the development of a free [Cannabis and Mental Health Course](#) (created by youth for youth) and an accompanying [Cannabis and Mental Health Mentor Guide](#) that offers engaging evidence-based knowledge about the relationship between cannabis use and mental health (developed in partnership with the Schizophrenia Society of Canada's Cannabis & Psychosis project and the Youth Research and Evaluation eXchange [YouthREX])
- ✓ [Amplifying Black Experiences in Cannabis and Mental Health Research](#), a virtual dialogue series focused on the experience and perspectives of Black communities; held in partnership with Dr. Akwasi Owusu-Bempah, the series engaged about 50 individuals, including researchers, service providers, and PWLLE, in open discussions about where and why research gaps exist, what the barriers might be, and which high-priority topics should be pursued
- ✓ [Insights into Veteran and Veteran Family Experiences with Cannabis and Mental Health](#), a virtual dialogue series focused on research priorities and knowledge needs in mental health and cannabis use among Veteran communities; held in partnership with the Atlas Institute for Veterans and Families, discussions were held with Veterans, Veteran families, service providers, and researchers to explore key considerations for future research and knowledge opportunities
- ✓ A multi-session [webinar series](#), co-hosted with CCSA, to highlight emerging research on priority populations and their experiences with cannabis and mental health, including webinars reflecting Indigenous-led research, and research with youth, people who identify as 2SLGBTQI+, and individuals experiencing housing insecurity
- ✓ [Centering Equity and Lived Experience: Implementing a Community-Based Research Grant on Cannabis and Mental Health](#), a study published in the *International Journal for Equity in Health* that describes the MHCC's community-based research initiative

### What we learned:

- ✓ To effectively **meet community needs** and translate findings, knowledge products should be led by the communities they pertain to.
- ✓ Research findings benefit from accessible knowledge translation and promotion through **diverse channels**.
- ✓ A strong need remains to identify **avenues for sustaining** research (e.g., ongoing funding for research and knowledge mobilization).



## 4. Evaluating our efforts (2022–2023)

### What we did:

In 2022, the MHCC contracted a third party to conduct a formative evaluation of its cannabis and mental health initiative up to that point. The evaluation explored ongoing performance data to identify strengths and opportunities in the MHCC's research. Because it was conducted with a critical and intersectional lens, it offered important insights and reflections on the organization's application of SGBA+. A summary evaluation, which builds and extends the depth and breadth of analysis from the formative evaluation, was also created.



### What we learned:

- ✓ Intentionally engaging PWLLE in research requires time, resources, thoughtful approaches, and a willingness to do things differently.
- ✓ The pandemic had wide-ranging impacts on all activities and introduced tremendous difficulties for researchers; flexibility, communication, and collaboration were essential.
- ✓ Funders can shift power dynamics and contribute to the democratization of research by investing in early-career and under-represented researchers.
- ✓ Funders must build in opportunities to understand the systemic barriers under-represented groups face and the direct impact these have on the quality of their lives (and the generations to come).
- ✓ Quality knowledge mobilization can't be limited to one-off, time-bound activities. We can always do better together—genuine collaboration, built on strong relationships with key partners, enables greater success.
- ✓ Funders and organizations need to humbly acknowledge where they lack expertise, and take the time to build the right relationships, so that they can step back to amplify the work of others.

# Why This Work Matters

There is a limited understanding about the relationship between cannabis and mental health—particularly among diverse populations, who have been historically under-represented in research. This initiative supported critical work that will help us better understand the potential benefits and harms that cannabis poses to diverse sub-populations (and under diverse conditions). The results of this work will inform future policy and practice by optimizing public health,

safety, and wellness, while reducing the stigma and repairing the harms that criminalizing cannabis has caused for many historically marginalized communities and individuals. As the second country to legalize cannabis for non-medical use, this work offered researchers an unprecedented opportunity to take the lead in knowledge and decision making to reduce harms and promote wellness at local, national, and international levels.

# The Investments

- ✓ Research investments included:
  - 4 longer-term team grants (jointly funded with CIHR)
  - 2 projects through CCSA's Closing the Gaps opportunity (jointly funded with CCSA)
  - 20 one-year Catalyst grants (with funding support from the Schizophrenia Society of Canada Foundation, Veterans Affairs Canada, and the Canadian Consortium for Early Intervention in Psychosis)
  - 14 community-based research projects

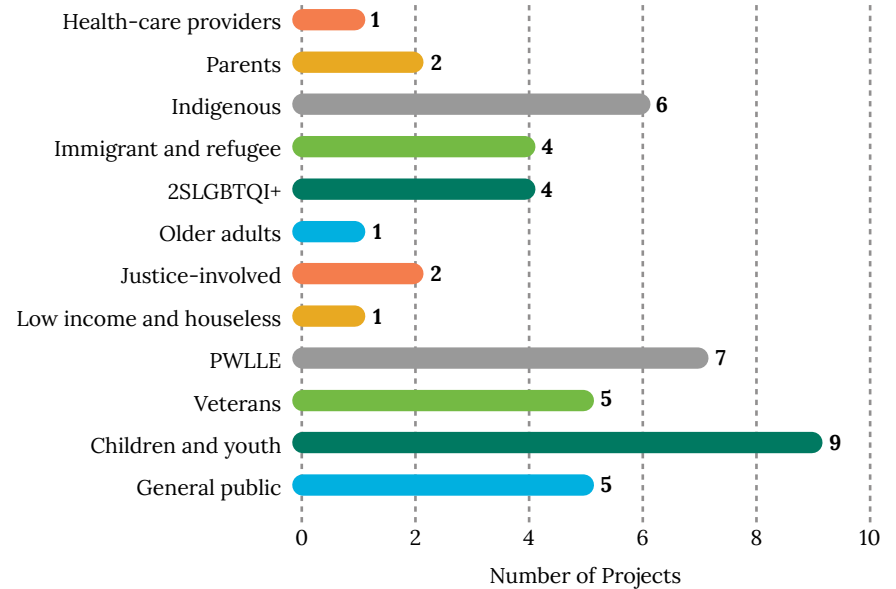




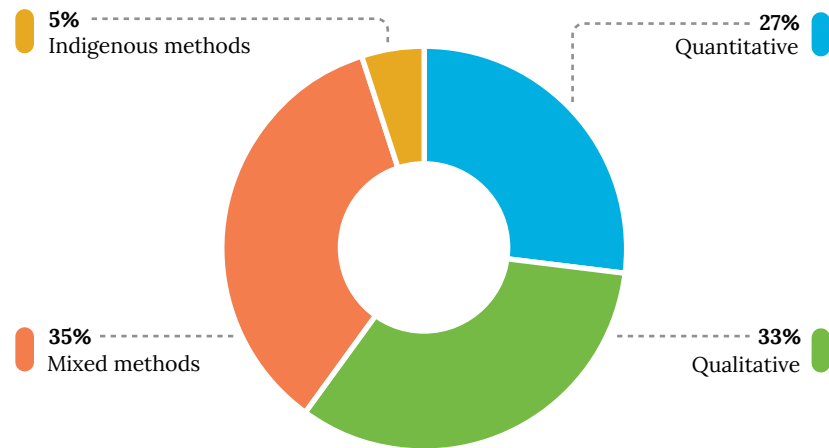
✓ What much of the research explores:

- > The experiences diverse subpopulations have with cannabis use and mental health, including potential factors contributing to positive and negative outcomes
- > The efficacy of cannabis as a treatment option for various conditions
- > How legalization has impacted subpopulations
- > Traditional knowledge of cannabis prior to colonial contact
- > Youth-defined guidelines for safer use and harm reduction

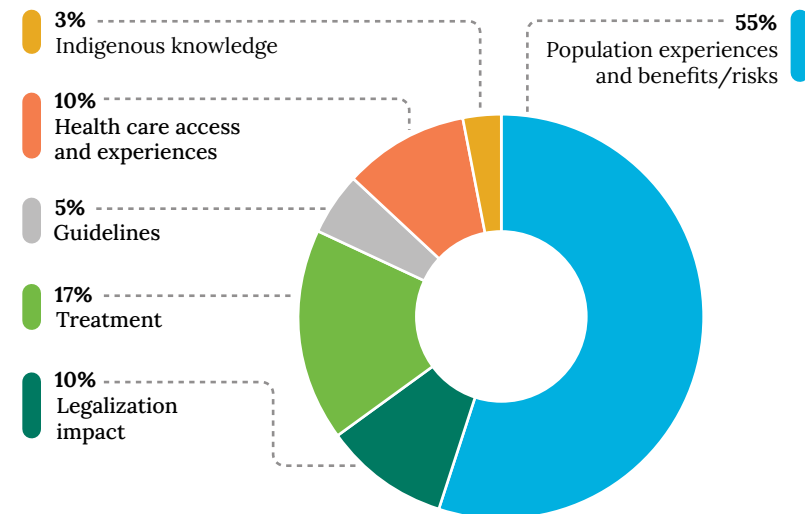
Subpopulations involved



Types of research methods used



Focus of findings and outcomes



# Our Partners

Thanks to the generous contributions of the following partners, the MHCC was able to increase the number of research projects funded through this initiative:

- ✓ Canadian Centre on Substance Use and Addiction
- ✓ Canadian Consortium for Early Intervention in Psychosis
- ✓ Canadian Institutes of Health Research
- ✓ Schizophrenia Society of Canada Foundation
- ✓ Veterans Affairs Canada

Each stage of this work has also been guided and informed by an executive advisory committee. We owe a tremendous thank you to the guidance and support provided by diverse health-care professionals, policy makers, academics, and people with lived and living experience.

To learn more about the research findings, visit [our website](#) or contact [cannabis@mentalhealthcommission.ca](mailto:cannabis@mentalhealthcommission.ca).

