



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

Centre canadien sur
les dépendances et
l'usage de substances

Données. Engagement. Résultats.

Request for Proposal

Development of Criteria for
Artificial Intelligence (AI)
Use with Mental Health and
Substance Use Health Care



Ce document est disponible en français



The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Issued: May 1, 2026

Proposal submission deadline: May 29, 2026

Submit proposals electronically via email to:

E-Mental Health Team, ementalhealth@mentalhealthcommission.ca

For questions or clarification regarding this RFP, please contact the E-Mental Health Team at the email above.

Background

Mental Health and Substance Use Health in Canada

In Canada, approximately one in five individuals will experience a mental health problem or illness each year, including issues related to substance use health. By the age of 40, 50 per cent of people living in Canada are likely to have experienced at least one mental health challenge. The costs of harms related to substance use in Canada is estimated to be nearly \$50 billion annually. It is estimated that one in five people living in Canada will experience a substance use health challenge in their lifetime, with escalating rates of harm. There were over 4100 apparent opioid-related toxicity deaths in Canada between January and September 2025. In Canada, 540 people are hospitalized every day for alcohol and drug-related harms (CIHI, 2024). Many people with substance use health needs also have mental health needs.

Mental Health Commission of Canada (The Commission)

To support the mental health of people living in Canada, the [Mental Health Commission of Canada](#) was established in 2007. The Commission's mandate is to develop and disseminate innovative programs and tools. It collaborates with federal, provincial, and territorial governments, along with a variety of organizations, to ensure that public policy is informed by the best available evidence through research and knowledge translation.

Canadian Centre on Substance Use and Addiction (CCSA)

The [Canadian Centre on Substance Use and Addiction](#) was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel,

we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives. CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of Health Canada.

The Commission and CCSA Initiatives

The Commission's e-mental health team is dedicated to improving access to quality mental health services across Canada. A key focus of this team is the advancement of technology-enabled mental health service delivery. The recently published [E-Mental Health Strategy for Canada](#) highlights the need for safety concerning the application of artificial intelligence (AI) in mental health care for people living in Canada. Notably, AI is increasingly being leveraged to support triage, service navigation, and communication between clients and providers, as well as between clients and digital tools such as AI-enabled applications.

Previous work the Commission has completed in this area includes [reports](#) in collaboration with Canada's Drug Agency on the uses of AI in mental health services and trends in AI research and development.

CCSA is committed to supporting safe, accessible, effective substance use health care through innovative solutions. CCSA's efforts in advancing digital innovations include supporting the implementation and evaluation of the Digital Front Door to Rapid Access Addiction Medicine Clinics, to increase access to timely, effective substance use health care.

In addition, CCSA is continuing to advance access to data to support knowledge sharing and decision making. CCSA, working in collaboration with the [DaTALab](#) at York University, has developed a [social reporting tool](#) to identify posts made on X (formerly Twitter) related to emerging substance use trends, risks, and harms. The tool leverages AI to select and display relevant posts in real time across Canada. Through funding from the Public Health Agency of Canada, over the next three years, CCSA and DaTALab will greatly expand this initiative across multiple social media platforms with the goal of developing a Canada-wide early warning system to address the toxic drug crisis.

Legislative Context

The *Artificial Intelligence and Data Act* (AIDA), introduced to the House as Bill C-27 in June 2022, aims to establish federal regulations that could significantly affect the

use of AI in Canada. However, its full implementation may take several years; in the meantime, there is an immediate need for leadership and oversight to ensure that digital mental health and substance use health products accessible to consumers and care providers are safe, reliable, and adhere to ethical standards.

This evolving regulatory context is complemented by broader federal investments and policy initiatives. For example, the 2024 Fall Economic Statement announced the \$2 billion Canadian Sovereign AI Compute Strategy, which will support researchers and AI firms in advancing innovation and infrastructure in Canada.

Call for Regulations in E-Mental Health and Substance Use Health Care

While guidelines for the responsible use of AI are available in jurisdictions in Canada and around the world, most of the guidelines focus more generally on AI use and/or AI use in health care. The mental health and substance use health communities are calling for more specific regulations tailored to these fields.

Request For Proposals (RFP)

The Commission and CCSA are seeking proposals from qualified organizations to support the **development of guidance for the use of AI in mental health and substance use health (MHSUH)** in Canada.

This project draws on prior work, including an environmental scan, a literature review, and collaborator engagement that informed, validated and refined key considerations for the safe, ethical, high-quality, and human-centred use of AI in MHSUH care. This phase will focus on translating these considerations into practical, implementable guidance.

This RFP is open only to Canadian organizations and individuals. Consultants must be based in Canada (with data stored in Canada) and demonstrate knowledge of the Canadian MHSUH landscape. This requirement reflects the need for alignment with Canadian legislation, health systems, and policy environments.

Specifically, this phase of work will focus on:

- **Elaborating and operationalizing these considerations into actionable guidance and associated criteria**
- **Tailoring guidance for key priority groups:**
 - Clients and service users

- Clinicians and service providers
- Developers and technology organizations
- Policy makers and researchers
- **Identifying system-level requirements, including policy, regulatory, and governance mechanisms required to support safe and equitable implementation**

This phase represents a transition from evidence generation to applied guidance and implementation tools and supports. The selected consultant will be expected to move beyond high-level principles to develop practical, contextually relevant outputs that can be applied across the MHSUH ecosystem.

A key objective is to ensure that guidance reflects not only the roles of individual actors, but also the system conditions required to enable safe and responsible AI use. This includes identifying structures and safeguards that support accountability, reduce risk, and enable consistent application across jurisdictions and settings.

The safe, ethical, and equitable use of AI in MHSUH cannot rely solely on clinicians, developers, or service users. It requires coordinated system approaches supported by clear standards, oversight mechanisms, and governance structures embedded within health systems and regulatory environments.

The Commission and CCSA are committed to advancing AI guidance that is:

- **Evidence-informed and grounded in prior research**
- **Practical and applicable across real-world settings**
- **Inclusive of diverse collaborator perspectives, including lived and living experience**
- **Supportive of equitable, accessible, and high-quality care for people living in Canada**

Consultants are expected to demonstrate the ability to translate complex, multi-collaborator considerations into clear, actionable, and implementable guidance, while maintaining alignment with the broader objectives of the AI Guidance initiative.

Scope of Work

Project Summary

This project will focus on the **development of actionable criteria for the use of AI in MHSUH** in Canada, with an emphasis on translating established considerations into practical applications across the health system.

The work will involve elaborating and applying a validated set of 10 considerations for safe, ethical, high-quality, and human-centred AI use. These considerations are organized under three core themes and will serve as the foundation for all aspects of the work:

1. Trust and Explainability

- Understanding AI in Practice
- Transparency
- Regular Review and Testing

2. Human-Centred Care

- Informed Consent
- Supporting Human Autonomy and Shared Decision-Making
- Data Collection and Use of Personal Data
- Human Oversight

3. Equity and Data Governance

- Data Security
- Ensuring Equity and Minimizing Bias
- Privacy and Confidentiality

The selected consultant will be responsible for producing guidance that is practical, contextually relevant, and tailored to key priority groups, while also identifying the policy, regulatory, and governance structures required to support safe and equitable implementation.

The consultant will work in collaboration with established governance structures for this initiative, including a steering committee and advisory bodies. The consultant will also identify additional engagement opportunities or working groups, as appropriate, to inform the development of this phase of work.

This project will address the need for greater clarity around roles, responsibilities, and accountability in the use of AI in MHSUH, with particular attention to ensuring

that responsibility is appropriately supported at the system level rather than placed solely on individual actors.

The work will include the development of guidance for the following priority groups:

- **Clients and service users**
- **Clinicians and service providers**
- **Developers and technology organizations**
- **Policy makers and researchers**

Project Objectives

The objectives of this project are to:

1. **Elaborate and operationalize validated AI considerations:**
Translate existing considerations into clear and actionable criteria that support use in real-world MHSUH settings
2. **Develop guidance tailored to identified priority groups:**
Produce criteria that reflect the roles, responsibilities, and decision-making contexts of key collaborators.
3. **Identify system conditions required for safe and equitable AI use:**
Define policy, regulatory, and governance mechanisms needed to support implementation, accountability, and oversight.
4. **Support readiness for implementation across a range of contexts:**
Ensure the guidance is practical and applicable across different care settings, levels of organizational capacity, and diverse populations, and is designed to support voluntary adoption and use by interest holders across the MHSUH ecosystem.
5. **Strengthen alignment between AI development and MHSUH system needs:**
Support the development and use of AI technologies that are safe, effective, equitable, and responsive to the realities of care delivery in Canada.

The development and application of the guidance and criteria will be supported through engagement with a steering committee comprised of experts from across Canada, representing a range of perspectives within the MHSUH and digital health landscape. The committee will provide strategic input and help ensure the relevance, credibility, and practical application of the outputs.

Key Activities

The selected consultant will be responsible for developing a comprehensive guidance document and associated outputs, including the following activities:

1. Elaboration of Considerations

- Expand and clarify each validated consideration across the three themes:
 1. Trust and Explainability
 2. Human-Centred Care
 3. Equity and Data Governance
- Translate considerations into clear and practical guidance
- Describe what appropriate and responsible use looks like in practice
- Identify risks, tradeoffs, and context-specific implications

2. Guidance Development for Priority Groups

For each priority group, the consultant will:

- Translate considerations into guidance that reflects their specific context
- Define roles, responsibilities, and areas of accountability
- Identify required knowledge, competencies, and supports
- Consider the environments in which these groups operate and the constraints they face

3. System and Policy Analysis

- Identify required policy, legislative, and regulatory mechanisms
- Describe governance and oversight structures needed to support implementation
- Clarify how accountability should be distributed across:
 - Developers
 - Health systems and organizations
 - Clinicians and providers
 - Policy and regulatory bodies
- Identify gaps where responsibility is currently placed on individual actors without sufficient system support

4. Implementation Considerations

- Identify key barriers and enabling factors for implementation
- Consider variation across care settings such as community, primary care, and hospital environments

- Address differences in organizational capacity and available resources
- Identify considerations for equity-deserving populations and diverse communities
- Propose approaches to support adoption, sustainability, and broader uptake

5. Development of Supporting Materials

- Propose and develop a defined set of practical resources to support the use of the guidance. These proposed outputs must be clearly outlined in the proposal.

6. Interest Holder Engagement and Synthesis

- Develop an interest holder and partnership map identifying key collaborators required to inform and support the development of the guidance
- Identify additional collaborators, working groups, or engagement opportunities needed to ensure comprehensive input
- Lead and facilitate discussions with the steering committee and associated working groups to support the development and refinement of the guidance and criteria
- Engage diverse perspectives, including clinicians, researchers, policy representatives, developers, and people with lived and living experience
- Synthesize and integrate input into clear, structured, and actionable guidance
- Consolidate diverse perspectives into coherent and balanced outputs that reflect the needs of the MHSUH landscape
- Ensure ongoing engagement with priority groups, including equity-deserving populations and people with lived and living experience, throughout the development process

Key Deliverables

The selected consultant will produce the following:

1. Comprehensive Guidance Document

- A comprehensive guidance document that integrates all themes, considerations, and system-level recommendations

- Clear articulation of how each consideration is translated into actionable guidance
- Structured and accessible content suitable for use across the MHSUH ecosystem
- Includes practical elements such as recommended actions, guardrails, and suggested metrics or indicators, where appropriate

2. Guidance Documents for Priority Groups

Separate and tailored outputs for:

- Clients and service users
- Clinicians and service providers
- Developers and technology organizations
- Policy makers and researchers

Each document will:

- Translate the considerations into guidance relevant to the specific context of the priority group
- Outline roles, responsibilities, and areas of accountability
- Reflect practical considerations, including constraints and real-world application

3. System-Level Recommendations Report

- Recommendations related to policy, regulation, and governance required to support the safe, ethical, and equitable use of AI in MHSUH
- Clear articulation of oversight and accountability structures across key actors, including developers, health systems, providers, and policy bodies
- Identification of key system gaps, risks, and opportunities that may impact implementation
- Description of potential approaches or mechanisms to address identified gaps, including consideration of feasibility across jurisdictions

4. Implementation Guidance and Tools

- Practical resources to support the adoption and application of the guidance across different contexts

- May include frameworks, tools, or checklists tailored to priority groups, as proposed by the consultant
- Guidance that reflects variation in organizational capacity, care settings, and populations

5. Summary Report and Presentation

- Summary of approach, key findings, and outputs

Proposal Submission Requirements

Applicants are advised to limit their submissions to a maximum of eight pages, including any attachments or appendices.

The following is a checklist of items to include in your submission:

- ✓ Background of the individual, company, institution, or organization
- ✓ Description of relevant experience and expertise, including:
 - Development of guidance, frameworks, or policy related to digital health, AI, or health systems
 - Experience translating research or high-level concepts into practical and implementable outputs and criteria
 - Demonstrated understanding of the application of AI in health care, including key considerations related to safety, ethics, equity, and governance
- ✓ Experience working within MHSUH contexts in Canada, including knowledge of care practices and system considerations
- ✓ Experience engaging diverse collaborators, including people with lived and living experience, and creating meaningful, safe and inclusive engagement environments
- ✓ Proposed approach and methodology for completing the work outlined in the Scope of Work
- ✓ Description of how the proposed approach will ensure that outputs are:
 - Practical and actionable
 - Relevant across diverse care settings
 - Inclusive of equity considerations
- ✓ Proposed project timeline, including key milestones and deliverables
- ✓ Biographies of the project team members

- ✓ References from previous projects

Timeline

- May 1, 2026: RFP issued
- May 29, 2026: Proposal submission deadline
- June 12, 2026: Selection of proposal
- June 17, 2026: Earliest potential project start date
- March 15, 2027: Completion and submission of project deliverables

The Commission and CCSA reserve the right to conduct interviews with shortlisted consultants prior to the final selection.

Funding Available for this Work

\$60,000 (including HST)

Evaluation Criteria

Proposals will be evaluated on the basis of the following criteria:

#	Evaluation criterion	Description	Weight (%)
1	Methodological Expertise	<ul style="list-style-type: none"> Ability to apply appropriate and rigorous methodologies to support the development of guidance and analysis of relevant information. Demonstrates proficiency in producing reliable, structured, and well-supported outputs. Thorough and objective approach to analysis, enhancing the quality and credibility of findings. 	15%
2	Guidance development expertise	<ul style="list-style-type: none"> Demonstrated experience and proficiency in formulating guidance for digital health care services and delivery. Experience developing practical and actionable guidance to support implementation. 	10%
3	AI application	<ul style="list-style-type: none"> Expertise in the application of AI within digital mental health, substance use health, physical health, and wellness contexts. 	15%
4	Mental health and substance use health care practices	<ul style="list-style-type: none"> In-depth knowledge and practical experience in mental health and substance use health care practices within the Canadian landscape, including proven success in incorporating inclusion, diversity, equity, and accessibility into work. Experience working with collaborators in the field of MHSUH and people with lived and living experience. 	15%

5	Affordability and proposed budget	<ul style="list-style-type: none"> • Clear justification of the proposed budget and overall affordability of the project. 	5%
6	Proposed approach and work plan	<ul style="list-style-type: none"> • Demonstrated clarity and feasibility of the proposed methodology • Alignment of the proposed approach with the project objectives and scope of work • Ability to translate validated considerations into actionable and practical guidance • Quality and appropriateness of the proposed deliverables • Consideration of interest holder engagement, including the integration of diverse perspectives and lived and living experience 	40%

Additional Terms and Conditions

The Commission and CCSA reserve the right to accept or reject any submissions received for any reason. The decision to engage the services of an applicant is at the sole discretion of the Commission and CCSA.

This RFP and the applicant's responses shall be governed by the laws of the province of Ontario, Canada.

Thank you for your interest in the Commission, CCSA, and this potential project. We look forward to reviewing the proposals submitted.



Mental Health Commission of Canada
Commission de la santé mentale du Canada

Mental Health Commission of Canada, 2026

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