




SCHIZOPHRENIA
SOCIETY OF CANADA



SOCIÉTÉ CANADIENNE
DE LA SCHIZOPHRÉNIE



The Schizophrenia Society of Canada and The Schizophrenia Society of Canada Foundation

2021
2022
ANNUAL
REPORT

The Schizophrenia Society of Canada

2021-2022 SSC Executive Committee

Hazel Meredith- President
Florence Budden - Past President
Laura Burke, Secretary
Richard Beachey - Treasurer
Dr. Chris Summerville - Ex-Officio

SSC Team and Consultants

Dr. Chris Summerville, Chief Executive Officer
Fran Schellenberg, Administrative Assistant
Paola Matheson, Accountant
Catherine Willinsky, Past Project Manager, Cannabis and Psychosis Project
Sarah Roht, Operations Manager
Haifa Al-Aryan, Social Media and Website
Will Greene, Advocacy Consultant
Cat Horbatiuk, Designer

2021-2022 SSC Board of Directors

Hazel Meredith
British Columbia

Jeff James
Saskatchewan

Florence Budden
Newfoundland and Labrador

Gail MacLean
Prince Edward Island

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New Brunswick

Laura Burke
Nova Scotia

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Ontario

Chris Watkins
Alberta



The Schizophrenia Society of Canada works in a collegial partnership with the following organizations across Canada. Our respective organizations strive to increase awareness and understanding about early psychosis and schizophrenia, treatment options, peer support, and the recovery process. We advocate for person-centred, recovery-oriented public policies that support easy access to tailored mental health treatment options, community support and social inclusion. The top executive leaders of each of the following organizations have joined together as **"The Early Psychosis and Schizophrenia Leadership Network."**

Click on the link to learn more about the Networks.

- [Schizophrenia Society of Saskatchewan](#)
- [British Columbia Schizophrenia Society](#)
- [Peer Connections Manitoba](#)
- [Mental Health Recovery Partners](#)
- [Schizophrenia Society of Alberta](#)
- [Schizophrenia Society of Newfoundland and Labrador](#)
- [Schizophrenia Society of New Brunswick](#)
- [Hope For Mental Health](#)
- [Société Québécoise de la schizophrénie](#)
- [Institute for Advancements in Mental Health](#)

OUR MISSION

Build a Canada where people living with early psychosis and schizophrenia achieve their potential.

Construire un Canada où les gens qui sont dans les premiers stades de la psychose et de la schizophrénie atteignent leur potentiel.



A Message from the SSC President, Hazel Meredith and SSC CEO, Dr. Chris Summerville

The Schizophrenia Society of Canada has survived the pandemic. We more than survived. We moved the office to Steinbach, Manitoba in March of 2020. We downsized as much as possible and went frugal. We adjusted to using technology to replace in-person meetings.

However, we continued with our projects which you will read below. We took on several new projects too. We continued to engage with our major stakeholders. We had a good response from our near 3,000 people on our donor list as to their concerns. We were able to secure several Covid-19 grants from the federal government. We stayed in touch with the Leadership Network made up of provincial like-minded organizations serving those with early psychosis and schizophrenia.

Most important, we were reachable for those who were seeking help from SSC:

hence, communication and a resource. Through our landline, cell phone, website, social media platforms, the SSC office handled requests from individuals diagnosed with early psychosis and schizophrenia. Families seeking information and help in navigating the mental health system found help from us.

The nature of the communications/requests dealt with illness information, family resources, finding mental health services, pointing out information on our website, Covid -19 and schizophrenia, housing, peer support, mental health acts, advocacy or self-advocacy, involvement with police and incarceration (justice system), suicide, recovery principles, early intervention, relapse, etc. Most of the time people began with, "I am looking for help in/with..." We received referrals, and we made referrals, especially by locating mental health services and connecting them with a person on the ground. Which often meant telling them about a provincial schizophrenia society or Canadian Mental Health Association or the Mood Disorders Society of Canada.

Below you will find highlights of accomplishments of the last 12 months. We found the last year of the pandemic extremely exhausting and tiring physically, mentally, emotionally, professionally, spiritually, and relationally. We could all talk about "pandemic fatigue." Working in extreme isolation since March 2020 has had its toll on us as a society.

The SSC has always been about hope. Hope for help, hope for treatments, hope for families, hope for understanding, hope for recovery, and hope for "getting my life back." During the pandemic, many ran low on the fuel of hope. It is human nature to keep on hoping against all odds. This particular expression was coined by the poet Alexander Pope in An Essay on Man (1732),

"Hope springs eternal in the human breast."



Dr. Chris Summerville,
SSC CEO

A handwritten signature in blue ink, likely of Dr. Chris Summerville.



Hazel Meredith,
SSC President

A handwritten signature in blue ink, likely of Hazel Meredith.



SSC INITIATIVES HIGHLIGHTED

The SSC and the Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

Both as a member of the CAMIMH and on its own, SSC pursued opportunities to advocate for improved funding for and access to treatment and services by working with various federal departments, groups and organizations throughout the year. (Mental Health Commission of Canada, Canadian Consortium for Early Intervention in Psychosis, Canadian Institute for Health Research, Canadian Centre on Substance Use and Addiction, Canadian Research Network for Early Psychosis and Schizophrenia, and the Disability Tax Credit Fairness Campaign, etc.)

As a longstanding member of CAMIMH, SSC gave leadership to the CHAMPIONS of Mental Health initiative during Mental Health Day in May of 2021.

Through the use of virtual technology CAMIMH members shared with Parliamentarians and the Government of Canada the following recommendations aimed at transforming the way in which we care for and support people affected by poor mental health and mental illness through a

Mental Health and Substance Use Health For All Parity Act, which includes several financial asks:

Recommendation 1

That the federal government table and pass the Mental Health and Substance Use Health Care for All Parity Act.

Recommendation 2

That the Canadian Institute of Health Information (CIHI) have adequate resources to work collaboratively with the provinces and territories, and other stakeholders, to develop:

- (1) a comprehensive national public and private health expenditure series;
- (2) health system performance indicators, in mental health and substance use; and
- (3) a commitment to comprehensive and ongoing mental health workforce sector analyses to identify gaps and project future needs.

Recommendation 3

That the federal government provide long-term funding to the Canadian Institutes of Health Research (CIHR) to ensure mental health research funding across its Institutes and its four pillars is proportional to mental health's burden of disease.



By being at the CAMIMH table, SSC is able to network with these 16 national mental health organizations:

Canadian Association of Social Workers	HealthCareCAN
Canadian Consortium for Early Intervention In Psychosis	Canadian Psychological Association
Canadian Counselling and Psychotherapy Association	Medical Psychotherapy Association of Canada
Canadian Federation of Mental Health Nurses	National Initiative for Eating Disorders
Canadian Medical Association	National Network for Mental Health
Canadian Mental Health Association	Psychosocial Rehabilitation Canada
Canadian Psychiatric Association	College of Family Physicians Canada
The Canadian Association of Suicide Prevention	Community Addictions Peer Support Association

<https://www.camimh.ca/>

House of Commons Standing Committee on Finance

SSC has a strong conviction that things can definitely be different and better for those experiencing early psychosis and for the one in one hundred who will develop schizophrenia. Significant advances in our understanding of mental illness and treatment modalities, alone with early intervention and access to person-centred and recovery-focused mental health services, have demonstrated that there is life after a diagnosis of early psychosis and schizophrenia. Tailored mental health services and supports for individuals can help them to live beyond the limitations of their mental illness with purpose, hope, meaning, and significance.

We recognize the long overdue need for funding parity between mental and physical health across Canada, and we hope the Federal Government will take steps towards parity so that Canadians have timely access to a range of recovery-oriented mental health services and supports.



SSC submitted the following recommendations to the House of Commons Standing Committee on Finance 2022 Pre-Budget Consultation Process.

Recommendation 1

That the federal government improve access to mental health care through a Mental Health and Substance Use Health Care for All Parity Act. Mental health care supports should be broadly inclusive of individuals with schizophrenia and early psychosis.

Recommendation 2

That the federal government create and evaluate measurement performance for spending for trauma informed oriented care and recovery for those living with schizophrenia and other psychotic disorders. Special attention should be paid to primary care administered to Indigenous peoples through the First Nations and Inuit Health Branch and this is especially relevant during the COVID-19 pandemic as those living with schizophrenia are twice more likely to contract the COVID-19 virus.

Recommendation 3

That the federal government evaluate current federal policing procedures for training in mental health crisis intervention. New training programs should be considered that show understanding of trauma informed care for increased mental health crisis response teams and standardized, sustained, and frequent training for RCMP and other law enforcement officers in de-escalation and mental health crisis response is urgently needed to save lives.

Recommendation 4

That the federal government invest in research efforts into the diagnoses, treatment and care for individuals living with early psychosis and schizophrenia. Increased research and data in Canada will allow the government and healthcare providers to improve patient-centric decision-making and improve the lives of Canadians based on appropriate evidence-based data.



Mental Illness and the UN Convention on the Rights of Persons with Disabilities

SSC filed a submission to the Honourable David Lametti, Minister of Justice and Attorney General of Canada supporting the concerns of the British Columbia Schizophrenia Society and the Schizophrenia Society of Saskatchewan regarding Articles 14 and 25 of the United Nations Convention on the Rights of Persons with Disabilities. These articles seem to run contrary to Mental Health Acts across Canada which make it possible to involuntarily treat patients. SSC's position is that there are times when some will need intervention leading to involuntary assessment, involuntary treatment, and community care as directed by Mental Health Acts across the country. Yet, informed consent, shared decision-making, and person-centred care from a recovery philosophy that honours a person's inherent strengths and potential is much needed in our psychiatric "institutions."

3-Digit Phone Number for Mental Health Support

SSC supported a call for a 3-digit phone number for mental health support connecting callers to mental health crisis and suicide prevention services. The lifetime risk of suicide among individuals with schizophrenia is currently believed to be about 5%. Previous studies reporting rates of 10% have been discounted because they included data only for younger individuals with schizophrenia, among whom the suicide rate is higher. Most individuals with schizophrenia who have died by suicide do so early in the course of the disease; as the remaining individuals get older, suicide is much less common, raising the overall rate.

The Canadian Consortium for Early Intervention in Psychosis (CCEIP)

SSC has a strong collegial relationship with CCEIP. This year CCEIP invited SSC to participate in creating a virtual learning series of 3 podcasts specifically for persons with lived experience and their family members. Each of the podcasts will be offered in both English and French. SSC contributed to topics and potential speakers.

<https://www.earlypsychosisintervention.ca/podcast>



Manor House Group and Condo Nest Magazine

SSC teamed up with Manor House to introduce the Schizophrenia Society of Canada to their readers across the country. This involved people living in high-rise condos in Toronto, Vancouver, Calgary, and Edmonton. The Condo Nest Magazine featured public awareness "advertorials" for SSC three times this past fiscal year.



The Fresh Outlook Foundation (FOF)

SSC was asked to provide input to a two-part podcast series by people living with schizophrenia and a family member. FOF "...envisions a future where people of all ages and from all sectors collaborate to make our communities healthier, happier, and more prosperous. This is possible only when people talk with one another about important community issues, challenges, and opportunities. To that end, the Fresh Outlook Foundation's passion is 'inspiring community conversation for sustainable change.' " Two podcasts were created featuring Katrina Tinman, Dr. Phil Tibbo, and Chris Summerville.

<https://freshoutlookfoundation.org/schizophrenia-part-1-stories-signs-myths-recovery-movements/>

<https://freshoutlookfoundation.org/schizophrenia-part-2-integrating-bio-psycho-social-vocational-spiritual-recovery-approaches/>



Mental Health Commission of Canada (MHCC)

SSC has had a strong relationship with the MHCC since its inception in 2007. Every year SSC has been invited to several working groups. We are at the table to see how the Commission's work aligns with the needs of individuals living with early psychosis and schizophrenia. Our involvement this past fiscal year included:

Hallway Group. The Hallway Group was created in 2009 as part of the Opening Minds Anti-Stigma program with the goal to make a difference in the lives of people living with mental illness or mental health issues. "The Hallway Group is a group of individuals, all of whom are people with lived experience (PWLE) with a mental illness either personally or through a loved one. Their role is to provide expert advice on specific initiatives, projects, and key priority areas through the much needed critical lens of PWLE." All major projects are run through the Hallway group for input.

Mental Health and Substance Use Health Policy Working Group. The COVID-19 pandemic highlighted and magnified issues related to population mental health and substance use, as well as gaps in service systems. As a response, mental health and substance use organizations and leaders across the sector have worked to identify, assess, and address intersecting policy issues such as achieving parity, strengthening data collection, centering lived and living experience, supporting capacity at all levels, leveraging the shift to virtual care, and health equity and social determinants of health. This Mental Health and Substance Use Health Policy (MHSUHP) Working Group aims to strengthen policy-oriented collaboration across the mental health and substance use sectors.

The MHSUHP Working Group will involve policy partners whose expertise intersects mental health and substance use health policy, health equity, and lived and living experience. As such, Working Group representation may include policy directors in select national MHSUH organizations, people with lived and living experiences, National Indigenous Organizations, and policy-oriented leaders in other organizations whose work focuses on advancing health equity and social determinants of health.

Older Adults and Mental Health Advisory Committee. Building on the foundational work carried out by the Mental Health Commission of Canada in developing the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada, and in identifying best practices, this project will mobilize key stakeholders in the sector to spread best practices and promote evidence-based research to improve quality, collaboration, and access across the continuum of mental health services for older adults.



Finally, SSC assisted with reviewing the Terms of Reference documents for 5 MHCC teams with a lens towards removing any terminology that may be structurally stigmatizing and generally suggesting improvements to wording surrounding the engagement of lived experience expertise. They were:

- 1 Roots of Hope: a community-based suicide prevention model
- 2 Cannabis and Mental Health Advisory Committee
- 3 National Action Plan on Mental Health and the Criminal Justice System
- 4 Stepped Care 2.0 Collaborative
- 5 Mental Health First Aid Advisory Group Terms of Reference



SSC Schizophrenia Symptoms Survey

As SSC prepared to provide patient input to CADITH regarding a new medication (Vraylar) targeting negative symptoms of schizophrenia, specific patient and family input was needed. SSC conducted a Schizophrenia Symptom Survey in June and July. The survey was to gauge the impact of the negative symptoms of schizophrenia on individuals and families. Current antipsychotics do not have much effect on negative symptoms.

SSC undertook two national online surveys, one for persons with lived/living experience (PWLLE) of early psychosis and schizophrenia, and one for family members (FM) of people with early psychosis and schizophrenia. The intent of the surveys was to:

- Gain a current understanding of the impact that positive symptoms, negative symptoms, and cognitive symptoms have on the lives of individuals with early psychosis and schizophrenia, from both the lived experience perspective and the family perspective.
- Consider the side effects of anti-psychotic medications that most impacted individuals' quality of life, and
- Better understand the journey of personal recovery that people with early psychosis and schizophrenia, and family members, take and what helps or hinders that journey.

SSC engaged with the provincial schizophrenia societies across Canada, else known as the Leadership Network, and other mental health organizations, associations, and networks that provide services to people with early psychosis, schizophrenia, and family members to promote uptake of the surveys.

<https://schizophrenia.ca/2021-national-survey-webinar/>



Canadian Network for Research in Psychoses and Schizophrenia

Six meetings were held as the network develops. SSC is a founding member with approximately 65 psychiatrists, psychologists, and neuroscientists as part of the Network.

<https://www.schizophrenianetwork.com/>

Zlepnig Mental Health Institute

Linda Zlepnig is a mother with a son living with schizophrenia. She has started the Zlepnig CBT Mental Health Training. Zlepnig Mental Health Training Ltd. has been recognized by the Royal College of Physicians and Surgeons of Canada and approved for accreditation by the University of Ottawa to offer our Cognitive Behavioural Therapy for Psychosis (CBT-p) Series. SSC has cultivated a relationship with Linda, and we now refer families to the Institute to take courses on CBTp.

<https://zlepnigcbt.ca/articles/>





Peer Support Canada

This past year SSC completed an extensive survey about the future of peer support in Canada, as we are known for advocating for peer support and the embedment of peer support within mental health services.

This survey and discussion were conducted by Peer Support Canada (PSC). SSC has a relationship with PSC which is a national charitable organization dedicated to the advancement of peer support across Canada. The focus of PSA is on the certification of those providing peer support, certification of peer support mentors, and accreditation of peer support training programs, along with knowledge exchange, research, and knowledge translation. Currently, PSA is moving out of the umbrella under CHMA National as it becomes a separate entity.

Peer support is not only about individuals living with a mental illness but is important for a family member (family peer support). Peer support can happen in both group and one-to-one relationships.

Peer support is emotional and practical support between two people who share a common experience, such as a mental health challenge or illness. A Peer Support Worker has lived through a similar experience and is trained to support others. This support is grounded in hope, empowerment, and recovery. Peer support is based on relationships in which each person is considered equal within the relationship, and self-determination is highly respected. The focus of peer support is on health and recovery rather than on illness and disability.

<https://peersupportcanada.ca/>

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain." (Mead, Hilton, & Curtis, 2001, p. 135).



SSC as a Knowledge User

Since the pandemic and without conference meetings, there seems to be more research going on, and SSC has been invited to participate as a knowledge user. Canadian Institutes for Health Research (CIHR) define a knowledge user as an individual or organization:

- That is likely to be able to use the knowledge generated through research in order to make informed decisions about health policies, programs and/or practices;
- Whose level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and their information needs;
- That can be, but is not limited to, a practitioner, policy maker, educator, decision maker, health care administrator, community leader, or an individual in a health charity, patient group, private sector organization or a media outlet.

The current projects SSC serves as a knowledge user are:



Ask the Experts. –Walk the Talk –Lead: Dr. Myra Piat. McGill University and the Douglas Memorial Hospital. A 3 year project that is coming to its end, the focus was developing recovery-oriented guidelines and a tool kit for non-profit organizations that want to move towards recovery orientation in working with people with mental health problems and illness. I was asked to be the English featured speaker for the unveiling of the "Walk the Talk Tool Kit" on February 16. The tool kit can be found at: <https://walkthetalktoolkit.ca/about/>

"This process of implementation gave me more insight into my own mental health!"
Implementation Team member (service user)



The PREDICTS. – Lead: Dr. George Foussias. Centre for Addictions and Mental Health. Now in its second year the goal is to look at predicting the level of functionality in people diagnosed with schizophrenia as functionality problems are the great challenge in living with schizophrenia: finishing school, getting a job, getting married, etc. As well the research will look at interventions at the early stage that assists the person in their recovery. This is also participatory research.

MIRA Expert Advisory Committee. – A project by the Mood disorders Society of Canada, MIRA stands for Virtual Mental Health Assistant. Through our networks SSC was asked to disseminate information about MIRA and the "Beta testing of the chatbot." MIRA will assist people in supporting mental health system navigation using state-of-the art artificial intelligence.

Predicting Safe Transitioning of Schizophrenia Patients to Less Intensive Level of Care. – Lead: Dr. Vincenzo De Luca. University of Toronto and CAMH. The focus is on transitional care. "In this study, we aim to evaluate the outcome of schizophrenia patients who discontinue the case management because a significant improvement in symptoms that leads to clinical stability and to compare the clinical characteristics of these subjects with patients who still require case management. Correctly identifying the patients who are eligible for transition to less intense level of care, will save the cost for the health system and build capacity for treatment of schizophrenia in Canada." A person of lived experience with early psychosis or schizophrenia was needed.

End of Life. Lead: – Dr. Colleen Webber. Ottawa Hospital Research Institute. This project seeks to examine the health care people with schizophrenia receive at the end of their life. Very little is known about this issue, despite the fact that people with schizophrenia tend to have a higher burden of health issues and yet often receive lower quality of care than people without schizophrenia. "We believe this to be a very important line of new research and are hoping to partner with both provincial and national organizations to help inform the work and in the dissemination of findings to clinicians, policymakers, and people with lived experience. The focus is on the palliative care needs of people living with schizophrenia."



411AP App. –Lead: Dr. Sean Kidd. CAMH. A project with the Institute for the Advancement of Mental Health (IAM). This is a new request for SSC. All I know at this time is it is an "app."

Dr. Kidd and his team would be providing study updates, talking about recruitment needs, and talking about the digital health landscape as a whole.

<https://www.a4i.me/>



Health of the Future of Mental Health – Merck Canada. Lead: Dr. Alan Liipschitz.

Global Medical Strategy, Merck. Pennsylvania. This was an advisory group created from professionals across North America to provide expert input to help shape future strategies for Merck Canada as they enter the field of mental health. Basically, the 4 meetings were about our understanding of the landscape of mental health, mental health services, treatments, needs, and opportunities.





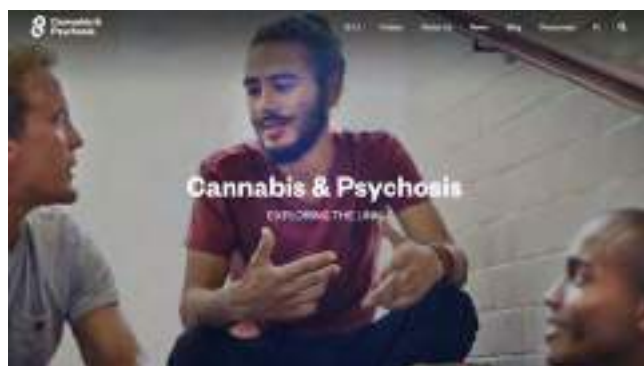
Cannabis & Psychosis

EXPLORING THE LINK



CANNABIS & MENTAL HEALTH

Turning over a new leaf on cannabis education



Cannabis and Psychosis: Exploring the Link is a project of the Schizophrenia Society of Canada (SSC). Guided by the expertise of our Youth Advisory Committee, Content Advisors and Scientific Advisors, we aim to create a hub for youth to access and engage with information about cannabis and mental health that is balanced and meets their needs.

The project builds on SSC's earlier work in this [area](#) which focused on exploring the link between cannabis use and psychosis from the perspective of youth with lived experience.

cannabisandpsychosis.ca



Cannabis and Mental Health

1. The Cannabis and Mental Health Course - 90-minute by-youth, for-youth self-led course, spanning 4 separate modules and covering topics such as the basics on mental and substance use health, legal and social issues, harm reduction and more.
2. The Cannabis and Mental Health Mentor Guide, featuring a broad range of dynamic activities exploring mental and substance use health and resiliency, designed to be facilitated by adult partners, including educators, program leaders and mentors working with youth aged 12-18.

cannabisandmentalhealth.ca

Full summary of the projects prepared for Minister Bennet
at the end of this document



SSC Advocacy Report –Florence Budden

During this fiscal year of 2021-2022, the Schizophrenia Society of Canada continued to advance its government relations efforts through meetings with federal officials of all parties, organizing advocacy campaigns, and submitting briefs to both the Standing Committee on Finance (Parliamentary Committee) and Finance Canada. Members of the Board of Directors of the SSC and CEO Chris Summerville engaged in a strategic plan as developed by Impact Public Affairs. In summary:

Government Relations Activities

- Hosted a Parliamentary Advocacy Day between October 3-6, 2021. Hosted over 25 meetings with Members of Parliament and Senators.
- Initiated social media advocacy work, including a campaign to introduce members of the SSC Board of Directors and share the Society's priorities.
- Submitted a pre-budget brief in October 2021, ahead of the 2022 federal budget, to the Standing Committee on Finance
- Sent congratulatory letters to past SSC champions and key stakeholders (Minister of Mental Health and Addictions, mental health critics, Health Committee members)
- Addressed the federal government's commitment to a \$4.5 billion mental health transfer to bring parity to health funding.
- Began engagement with the Standards Council of Canada's working group consultations to establish national mental health standards from the federal government.
- Hosted a reception on Parliament Hill for Early Psychosis and Schizophrenia Awareness.
- Hosted an introductory advocacy meeting with the Minister of Mental Health and Addictions, Carolyn Bennett.
- Submitted information on the Cannabis and Psychosis project to Minister Bennett.
- Submitted a post-meeting memo to Minister Bennett outlining information on SSC, relevant resources, and its calls to action. One issue was addressing concerns around access to new medications.

While a non-profit's sole purpose cannot be advocacy for charitable registration, I am pleased that we continue to give voice to those who look to SSC to advance their concerns for equitable acknowledgement, treatment options, and response for/to those living with the most stigmatized mental illnesses.

My passion is advocacy and I am grateful to the Board of Directors to be able to serve it and those we represent.



SSC TREASURER'S REPORT

-Richard Beachey

I am pleased to report on the Schizophrenia Society of Canada's financial position for the year ending March 31, 2022.

Revenue for the year was \$ 801,959

Expenses were \$ 687,416

Total net assets: \$ 1,400,332

It is remarkable how healthy this organization is financially. This is due to significant contributions of donors and bequests that the SSC has received. I wish to thank our CEO, staff and Board Members for the opportunity to serve on the Board. A copy of the SSC's audited Financial Statements for the year ending March 31, 2022 can be found at www.schizophrenia.ca.

The Schizophrenia Society of Canada Foundation

2021 2022 ANNUAL REPORT

2021-2022 SSCF BOARD OF DIRECTORS

Florence Budden (Chair), Nova Scotia
Richard Beachey (Treasurer), Ontario
Hazel Meredith, British Columbia
Gregory Zed, New Brunswick
Chris Watkins, Alberta
Dr. John Gray, British Columbia
Dr. William Honer, British Columbia
Dr. Trina Montreuil, Quebec
Dr. Tania Lecomte, Quebec

A Message from the SSCF Chair, Florence Budden

October 1 marked 29 years since Michael Smith won the Nobel Prize in chemistry for his work at UBC. Dr. Smith, who passed away in 2000, is most well-known for his research in gene manipulation, which represented the first time biochemists were able to pinpoint and change specific genes in DNA.

The Schizophrenia Society of Canada Foundation (SSCF) was established in 1994 when the late Dr. Smith made a generous donation of half of his Nobel Prize Laureate monies to the SSC. The donation helped form an endowment fund to which others could contribute and support research, now the SSCF. We are forever grateful for Dr. Smith's generosity. His legacy is an inspiration to others to invest in research initiatives.

The Foundation has another research fund which is called the General Research Fund which can be utilized for psychosocial research.

Research to better understand the biologic basis, psychosocial determinants, as well as pharmacological and non-pharmacological treatment options for schizophrenia is absolutely vital. The SSC Foundation is committed to fostering and supporting research in all areas related to schizophrenia (e.g. biological, psychological, and social) to ensure that those living with early psychosis and schizophrenia achieve their potential.

For the fiscal year 2021-2022 the Foundation awarded a grant in the amount of \$35,000 to the Centre for Addictions and Mental Health's PREDICT'S STUDY: "Characterization and Prediction of Individual Functional Outcome Trajectories in Schizophrenia Spectrum Disorders." Dr. George Foussias, lead researcher says:

Despite advances in the understanding and treatment of Schizophrenia spectrum disorders (SSDs), the hallmark of these serious and persistent mental illnesses continues to be one of enduring disability. The proposed work is anticipated to advance the early identification and prediction of functional and recovery trajectories at the individual level for people experiencing a SSD, the core contributors to these trajectories, and set the stage for targeted interventions to alter one's illness trajectory to promote functional recovery. To this last point, the proposed study offers a unique opportunity to develop and study real-world interventions. Using participatory and co-design approaches, we will pilot pragmatic interventions which target physical health and psychosocial outcomes, and which can be moved through to randomized trials within and beyond the cohort. By establishing a core platform of clinical research in SSDs at CAMH, this work will also enable and support other focused studies in this population, and serve as a springboard for training and development of early career scientists.

I wish to thank the board members for this opportunity to serve as President of the Foundation.

I close with words by Dr. Smith in summing up his career: **"In research, you really have to love and be committed to your work because things have more of a chance of going wrong than right. But when things go right, there is nothing more exciting."**



SSCF TREASURER'S REPORT

-Richard Beachey

I am pleased to report on the Schizophrenia Society of Canada Foundation's financial position for the year ending March 31, 2022.

Revenue for the year was \$ 100,391

Expenses were \$ 109,697

Net assets for the Michael Smith Research Fund: \$ 1,494,382

Net assets for the General Research Fund: \$ 211,257

Total net assets: \$ 1,705,639

I wish to thank our CEO, staff and Board Members for the opportunity to serve on the Board. A copy of the SSC Foundation audited Financial Statements for the year ending March 31, 2022 can be found at www.schizophrenia.ca.



The Schizophrenia Society of Canada:
Who We Are
What We Stand For
How We Want to Make a Difference

OUR MISSION STATEMENT

Build a Canada where people living with early psychosis and schizophrenia achieve their potential.

This mission statement describes the SSC's core purpose and function as an organization and our unique contribution as we strive to achieve our vision. The mission is not exclusive to those who we serve but should be embraced by all Canadians. We are seeking to build a geography with less prejudice and stigma with the goal of reducing discrimination and increased social inclusion of those we represent.

The phrase in the mission statement "people living with early psychosis and schizophrenia" was clarified as composing two groups:

- 1. The person living with the mental illness.**
- 2. The family members and friends living in association with schizophrenia.**

Again, this statement **encompasses both individuals and families** by saying "people living with early psychosis and schizophrenia."

And the focus is on helping them to be their best selves, whatever that might be, that's why we went with "achieve their potential," so that it is open-ended and many people can see them-selves there, and it is achievable, yet aspirational. This statement is deliberately flexible on the "how" so we have room to make it our own and move forward in a variety of ways. The goal of recovery is achieving one's potential in spite of limitations associated with a mental illness and living a satisfying life with the support of family, friends, service providers, and the community at large.

OUR TARGET AUDIENCE

Our target audiences serve as lenses for the design of the mission and brand tools. They are ways for SSC to think about for whom the mission and brand are defined. We concluded that our target audience includes:

Other National Mental Health Organizations

— Such as CMHA, Mood Disorders Society Canada, Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, Canadian Consortium for Early Intervention in Psychosis, PSR Canada, and members of the Canadian Alliance on mental illness and Mental Health.

People or groups who can influence policy and/or funding

— (Such as MPs, Senators, and Deputy Ministers.) We should target politicians connected to mental health regardless of political affiliation, keeping in mind that Senators hold a longer term and Deputy Ministers handle the money.

Corporate/Employer Organizations

— These present opportunities for donations and increased awareness.

Younger Audiences

— Younger audiences tend to be more receptive to diverse ways of understanding and discussing mental health. Younger audiences of the general public are the SSC's priority. There is a need to bring the thoughts and influence of Millennials and Generation Z into the work of SSC.



OUR DIFFERENTIATING BRAND COMPETENCY

Transforming how people think, with knowledge and youthful enthusiasm.

Differentiating Competency is something that an organization is really good at, or admired for, that other's lack. As a National Mental Health Organization SSC feels that its differentiating competency is:

Knowledge speaks to the content we offer that is person-centred, family engagement oriented, strengths based, and recovery focused.

Youthful enthusiasm speaks to our attitude. We desire to address the needs of early psychosis families and millennials who have parents living with schizophrenia.

We have come a long ways in our understanding of early psychosis and schizophrenia and its heterogeneity from one person to another, including treatment options, environmental and ethno-cultural influences.

The **lived experience** of the person, the lived experience of families are diverse. A knowledge of various demographics is important. For example, millennials who are becoming caregivers to their baby-boomer parents. SSC wants to be transformative and also be seen as transformative in how people think through our knowledge and youthful enthusiasm.

OUR BRAND CHARACTER

An inspirational visionary.

Our brand character is a statement that describes the SSC's aspirational personality of the brand. If SSC had a personality, what would it be? As a leading national organization we want be known as an inspirational visionary. With schizophrenia been the most stigmatized mental illness, we want to communicate a vision of hope! **Hope changes everything.**



OUR BRAND ESSENCE

Conviction that things can be better

Brand essence is the heart and soul of the brand, or the brand's most fundamental nature or quality. It is the ingredient without which, all other aspects of the brand would fall apart. SSC lives by the conviction that a recovery-oriented and person-centred mental health system would serve individuals and families much better as the emphasis would not just be on symptom reduction but helping the person to live a quality of life in the community.

This applies to people impacted by early psychosis and schizophrenia, but it is also a deeper idea than that. It is a world view, a philosophy. It is the heartbeat of SSC as a national leader. It's the key message of our advocacy. When we create better mental health care in partnership with primary health care and social health care, then we can **"Build a Canada where people living with early psychosis and schizophrenia achieve their potential."**



SSC CORE VALUES

The SSC values provide further clarity on what the Society stands for and what it sees as important we seek to "Build a Canada where people living with early psychosis and schizophrenia achieve their potential."

- Early psychosis and schizophrenia are medical illnesses that, like other medical illnesses, have variable expressions and effects of symptoms, function and response to treatments.
- Early psychosis and schizophrenia are caused by a number of different factors, from multiple genetic and environmental factors.
- The SSC fully supports the important role of research in all areas related to early psychosis and schizophrenia and (biological, psychological, spiritual, and social determinants of health, etc.).
- Persons with early psychosis and schizophrenia are entitled to person-centred, recovery-focused, efficient multi-disciplinary and integrated evidence-informed treatments and community support services.
- Persons at the early phases of their illness are entitled to real secondary prevention (early intervention and treatment) through specialized first episode psychosis clinics and their collaborators.
- Persons at the early phases of their illness are entitled to real secondary prevention (early intervention and treatment) through specialized first episode psychosis clinics and their collaborators.
- Persons with early psychosis and schizophrenia and psychosis are to be included as full citizens in accessing education, employment, housing, medical services, recreation and social supports.
- Whenever possible families are essential partners in the care and the treatment and recovery plans of persons with early psychosis and schizophrenia, and deserve respect and support.
- Persons with early psychosis and schizophrenia must be included in their treatment planning, care and recovery plans using a shared decision approach.
- Persons with early psychosis and schizophrenia and their families are not to be blamed for this illness.

CONTACT

For more information on the Schizophrenia Society of Canada and the Schizophrenia Society of Canada Foundation, please contact us at:

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103 Harvest Drive
Steinbach, MB R5G 2C6

For help and assistance call Tel: 1 (204) 223-9158
For Donations call our Toll-Free Number : (855) 927-3880

Tel: 1-204-320-3188
Fax: 1-204-320-5441

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Twitter: @SchizophreniaCa

Hope changes everything.



SCHIZOPHRENIA
SOCIETY OF CANADA



SOCIÉTÉ CANADIENNE
DE LA SCHIZOPHRÉNIE



EMPOWERMENT CHOICE YOUTH VOICE



**CANNABIS &
MENTAL HEALTH**

Turning over a new leaf on cannabis education



Cannabis & Psychosis

EXPLORING THE LINK

SSC 

SCHIZOPHRENIA
SOCIETY OF CANADA

SCS 

SOCIÉTÉ CANADIENNE
DE LA SCHIZOPHRÉNIE

SUMMARY



[Cannabis and Psychosis: Exploring the Link](#) is a project of the Schizophrenia Society of Canada (SSC). Guided by the expertise of our Youth Advisory Committee, Content Advisors and Scientific Advisors, we have created a hub for youth to access and engage with information about cannabis and mental health that is balanced and meets their needs.

The project:

- builds on SSC's previous work in this area generated important information about the reasons young people use, and key issues relating to cannabis and psychosis, based on insights from lived experience.
- is fully led by our Youth Advisory Committee (YAC), composed of a diverse range of young people from across Canada. Members of the YAC provided critical input at all stages of the development and implementation of the project, ensuring that the lived experiences of young people are central.
- honours the values of inclusivity and diversity, and works with a number of key organizational partners like YouthREX and the Mental Health Commission of Canada.
- showcases young people's perspectives and creativity to make cannabis education more accessible to the broader population.
- targets multiple audiences, including: 1) youth who may be at greater risks and/or harms associated with cannabis use (i.e. those who initiate use early, poly-substance users, those with concurrent mental health and substance use issues, and/or other populations with a high prevalence of problematic cannabis use); 2) general youth population between the ages of 15-24; and 3) parents, caregivers, educators and adult allies in communities across Canada.
- provides a platform for young people to engage in advocacy and create meaningful change in their communities.



ABOUT US

Canadian youth have told us they want **reliable, balanced, evidence-based** educational material on cannabis and that they are credible key partners in the development of such materials. We know that abstinence-based cannabis education does not work for everyone, and can serve to prevent youth from seeking resources and supports related to cannabis consumption and mental health. Our resources provide accessible, non-judgmental information for youth, including those who may face barriers accessing education and support services.

Centering lived experience and empowering marginalized youth voices has always been essential in our work. We engage and support harder-to-reach youth, especially those who feel their realities aren't reflected by mainstream public health approaches to cannabis and mental health.

Our **Youth Action Committee** (YAC), comprised of members of diverse communities, BIPOC, LGBTQ2S+, youth with lived experience and rural youth, are leading our work, and facilitating a holistic approach in developing, displaying, and disseminating educational products by youth, for youth.

Our work builds on a foundation of **authentic youth engagement and the effectiveness of peer support** models. Central to the project's success, and informed by evidence-based best practice, all messages and materials developed through the project are grounded in youth experience:

"In the creation of strategy and development of specific interventions, youth and young adults need to play a central role." consultation with young adults is not sufficient, young people need to play tactical and strategic roles in social media projects to ensure relevance and appropriateness."*

The objectives of the project are to:

1) move upstream, providing effective cannabis education that reflects young people's social environments by building on evidence, providing opportunities for engagement and dialogue for youth with lived experience. By working with academic and community partners, we are creating opportunities to deliver engaging, skill-building programs and resources.

2) meet the need for targeted approaches meaningfully tailored to reach populations who may be at increased risk of experiencing harms associated with cannabis use, whether because of individual or societal factors. This includes addressing the disproportionate impact of cannabis laws and policies on BIPOC individuals and communities.

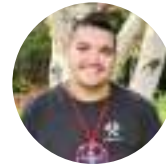
* Cense Research, 2012. Social Media for health promotion with youth and young adult substance use: A resource and evidence review.

MEET THE TEAM

Youth Action Committee (YAC)



Maleesha Paskarathas
Youth Action Committee



Connor Lafortune
Youth Action Committee



Hargun Kaur
Youth Action Committee



Armaan Fallahi
Youth Action Committee



Teresa Chen
Youth Action Committee



Ilyas Khamis
Strategic Advisor



Ally Campbell
Youth Action Committee



Jimmy Tan
Youth Action Committee



Natasha Taylor
Youth Action Committee



Leif Harris
Youth Action Committee



Alyana Lalani
Youth Action Committee



Anvita Desai
Youth Action Committee



Ashley MacLean
Youth Action Committee

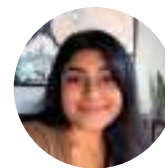


Kristy Allen
Youth Action Committee

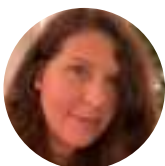
Management & Strategic Advisors



Will Landon
**Indigenous Outreach
Coordinator**



Ishani Sharma
Practicum Student



Niki Pankratz
Strategic Advisor



Scott Ste-Marie
Strategic Advisor



Kira London-Nadeau
Past Strategic Advisor



Sarah Roht
Operations Manager



Kiah Ellis - Durity
Project Facilitator
**Cannabis and Mental
Health**



Catherine Willinsky
Project Manager

PROJECT HIGHLIGHTS

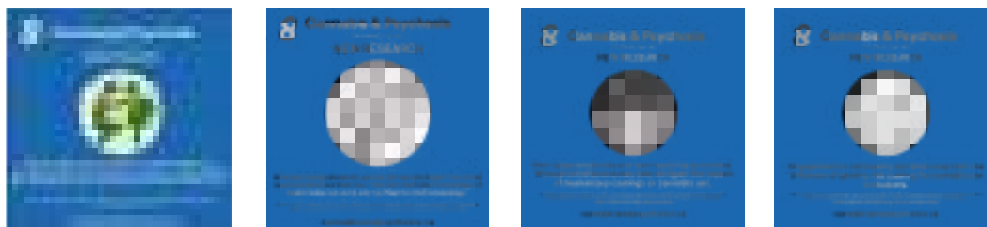
[Cannabisandpsychosis.ca](https://cannabisandpsychosis.ca) features a hub of online resources, reaching a range of key audiences with targeted, engaging health promotion and harm reduction messaging.

Some of the project highlights include:

[Ask the Expert Series](#) - 20+ Live and recorded in depth conversations featuring a range of experts, including people with lived experience, researchers, service providers and community members, sharing their knowledge with our growing audience. Many of YAC members acted as hosts for the interviews and discussions. Topics include: "Racial (in)justice and Cannabis", "A Mother-Daughter Conversation on Cannabis" and "Through Our Eyes- Lived Experience with Cannabis and Psychosis" Part 1+2.



[Research Round UP!](#) YAC members research current scientific articles and create engaging, accessible summaries, and share broadly on social media channels.



Our team also attends and presents at key knowledge mobilization events and conferences, workshops, Frayme's 2022 Learning Institute - Future State: [The Path to an Exemplary Youth Mental Health System](#), CCSA's Issue of Substance, CPHA's annual conference and more [award-winning posters!](#)





As COVID-19 became our new reality, we shifted our focus to fully-online projects. In collaboration with YouthREX and the Mental Health Commission of Canada, and building on the strengths of each partner, we co-created cannabisandmentalhealth.ca, an engaging online curriculum featuring a diverse range of media.

Built using an anti-oppression and harm reduction lens, reaching different target audiences with resources designed specifically for them, and addressing **cannabis education within the broader context of health, resiliency, peer support and community.**

We are equipping youth with the tools to make their own informed decisions by embracing harm reduction, health promotion and stigma reduction. These resources aim to benefit individual and community wellness. The course resonates with our target demographic, youth between the ages of 14-25.

There are 4 Modules in the certificate course, as well as additional features such as MindBox and Cannabis Corner, which contain additional resources and information. [Check us out here!](#)



MOD 1

The basics

Get the facts about mental health and substance use health



MOD 2

Exploring the link

Dive deeper into cannabis use and mental health



MOD 3

Legal and social issues

Historical legacy and current context



MOD 4

Putting it into practice

Finding balance and reducing harm



MENTOR GUIDE



To reach younger audiences in settings such as schools, community programs, with the engaging content on mental and substance use health geared for them, we created the [Mentor Guide](#), which launched simultaneously with the course.

The guide is designed for educators, program leaders, and mentors working with youth ages 12-18. The activities in the guide offer fun ways to help youth build resilience and skills to stay balanced and thrive, now and in the future. These skills include the ability to understand and manage stress, problem solve, think critically, communicate and collaborate with others.

The guide contains: Songs, stories, games, poems, academic articles and videos, which provide the hooks for dozens of activities that encourage reflection, conversation and creative expression around mental health and substance use.

Studies show young people worry about their identity, how much they're accepted by others, and their performance in school and other important areas of life. And they want to be able to talk openly and honestly about mental health and cannabis, along with other key topics.

Research tells us that the constructivist education approach, with open-ended dialogue questions, helps young people develop health literacy. It invites them to draw from their experiences, assess their ideas and assumptions, learn from others and create new knowledge.

Project highlights:

- "[Acknowledging the land and beyond](#)" - produced by YAC members, this video and accompanying resources were created in honour of our first National Indigenous Peoples Day. These resources have been received very positively and are being used by many external partners.
- Partnering with the Canadian Nurses Association and CAPSA, we co-created an animated video "[The Endocannabinoid System](#)".
- The development of [100 videos](#) which make up a large portion of the course and mentor guide.
- [40+ Graphic handouts](#) to accompany the course and [80+ handouts](#) to accompany the guide
- Most recently, partnering with the MHCC and YouthRex on the [Effective Cannabis Education: Example of an evidence-based, youth-led partnership project](#), which explored the [Cannabis and Mental Health Project](#).

[Link to a full list of our projects activities and knowledge products](#)



PARTNERSHIPS

Partnership has been key in expanding our project outreach and ensuring sustainability. By combining forces on aspects of the project we were able to reach a larger audience, share resources, and cross-promote each other's endeavours through broader networks and expand connections. We work with a wide range of partners, including many SUAP-funded projects. These include YMCA, Canadian Nurses' Association, CSSDP/Get Sensible, Rural Development Network and its project Clarity on Cannabis, Thunderbird Partnership Foundation, the MHCC and YouthRex.

Some key examples are:

- Launch of the [cannabisandmentalhealth.ca course](#) and [mentor guide](#) in partnership with the MHCC and YouthRex, with hundreds of videos, activities, reflections, and downloadable PDFs with resource links. In both French and English.
- Media: [Cannabis and Mental Health Course and Guide Press Release](#) / [National Observer article on C+MH course](#) / [People First radio interview about C+MH](#) / [Social Press Kit for C+MH](#) / [CTV Coverage](#) / [Global News](#) / [Media Press Release](#) / [Globe & Mail](#).
- Webinar: [Effective Cannabis Education: Example of an evidence-based, youth-led partnership project](#). (Recording will be available soon) explored the Cannabis and Mental Health Project. In partnership with MHCC and YouthRex.
- Marketing: [Clarity on Cannabis](#) banner and launch, by the Rural Health Network.
- [Bloom zine](#), edition on harm reduction and healing
- [YMCA Cannabis Youth Resources](#)
- Events: Ask the Expert: [Effective Cannabis Education](#) in partnership with weed out the risk, CSSDP and Voxcann.
- Presentation/Conferences: [CCSA - Issues of Substance 2021 Conference](#): Team presented poster "[Increasing Engagement and Reducing Harm: Effective Cannabis and Mental Health Education for Youth](#)" and WON Award for Best Program, Intervention or Project Poster!
- Cannabis and Mental Health to Frayme's 2022 Learning Institute - [Future State: The Path to an Exemplary Youth Mental Health System](#)
- Pan Canadian CoP Cannabis Education YMCA's Community of Practice meeting
- [E- Mental Health Poster](#) and Presentation and many more!



GOING FORWARD

Our partnerships with organizations such as the MHCC, YouthRex, CSSDP, YMCA Cannabis Hub, and others will ensure that the outputs of the Cannabis and Mental Health as well as Cannabis and Psychosis project are sustained and shared into the future.

We have secured the domains and hosting of both cannabisandpsychosis.ca and cannabisandmentalhealth.ca websites for the next 2 years. The funds leveraged from MHCC allowed us to continue with the team until the end of July 2022.

Our team hopes to be able to continue supporting both projects with the receipt of additional funds from Health Canada's SUAP program. Our current SUAP application (submitted September 2021) titled "[Sharing the Link: Cannabis and Mental Health](#)" outlines a proposal that builds on the partnerships, momentum and body of work we have created to offer specifically curated content to our targeted audiences. This would help to increase uptake and engagement, and help fulfill the government's agenda of promoting mental and substance use health, and reducing cannabis-related harms to youth.

While the project's resources have already reached many young Canadians and adult allies, the project has **enormous potential for further scaling and knowledge mobilization efforts** via developing and delivering:

- training workshops for teachers and other adult allies to help them make the most of the resource's tips, tools, conversation starters, activities and lesson ideas related to mental health and substance use.
- implementation-focused webinars and podcasts focusing on raising awareness of tools and how they can be implemented within and across community settings such as schools, post-secondary campuses, recreation providers, etc.
- promotional/awareness focused webinars, livestream events focused on making tools accessible to clinical audiences such as EPI sites, primary care, etc.
- major knowledge mobilization events focusing on cannabis and mental health for youth, in partnership with other key organizations, including lived experience, scientific, organizational and educational experts.

ALIGNMENT WITH GOVERNMENTAL PRIORITIES

The continued development of cannabis education for youth is of critical importance. According to a recent article, “the longer term success of cannabis legalization as a policy experiment that benefits public health and safety outcomes remains uncertain. However, these desired beneficial outcomes will require people who use cannabis, especially the disproportionately large number of young users, to have guidance on how to reduce key risk-behaviours that contribute to adverse health outcomes and related disease burden.”

Preliminary data on cannabis use trends and clinical outcomes for youth since cannabis legalization is beginning to yield key insights, highlighting the need for Canada to continue to deliver on the public health mandate by:

- 1) providing education on potential health risks and guidelines for safer cannabis use to youth populations, and
- 2) providing targeted intervention approaches for individuals most at risk from cannabis use-related harm.

In addition to changes resulting from the legalization of cannabis, youth in Canada have faced many unforeseen challenges over the past 18 months, navigating the new restrictions imposed in response to the COVID-19 pandemic, dramatically shifting the ways in which they are connecting with their peers, community, and school environment. Since the pandemic, those aged 15-24 reported the greatest declines in mental health.

In 2021 Ontario Student Drug Use and Health Survey (OSDUHS), asked over 2,000 Ontario students in grades 7 to 12 about their mental and physical wellbeing, as well as risk behaviours. Findings show that the COVID-19 pandemic has had a major impact on youths' mental health, and 24% of youth report using cannabis to cope with stressful life experiences.

The Cannabis and Mental Health course, and the Cannabis and Psychosis project **provides balanced, engaging and comprehensive information to help youth navigate credible evidence as well as learn from youth with experiential knowledge**. It is reaching diverse youth populations across Canada who can most benefit from harm reduction and health promotion resources geared to their needs and realities.



STATISTICS

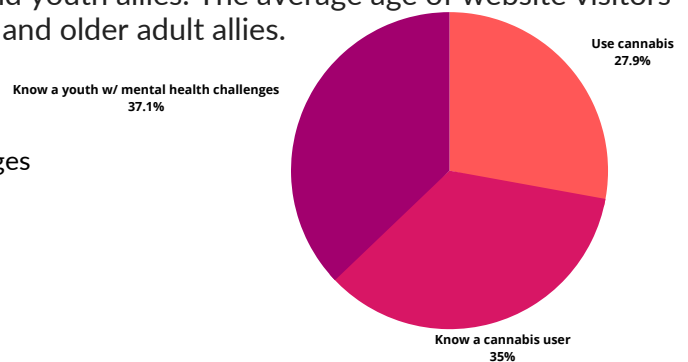
Our statistics show the **ongoing need for evidence based, non-judgmental resources on substance use and mental health, and how our resources are beginning to address those needs.**

In terms of total engagement to date, we have defined the levels by the following:

- High Engagement: **12,095 people** who took the course, subscribed to our channels and attended our events.
- Medium Engagement: **54,265 people** interacted with our content by liking, viewing or commenting.
- Low Engagement: **1,337,029 people** saw our content, which includes advertisements and online posts.

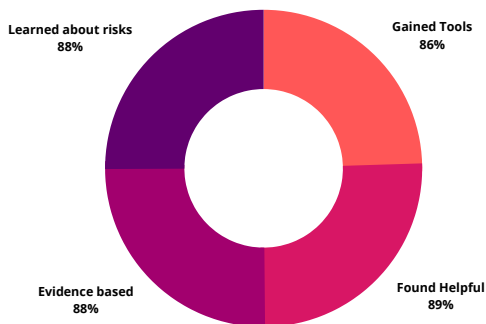
Our sites provide information directly to both youth and youth allies. The average age of website visitors is 33 yrs old, reflecting both the younger demographic and older adult allies.

- **39%** of our website visitors use cannabis
- **49%** know a youth who uses cannabis
- **52%** know a youth who experiences mental health challenges



We asked survey participants to answer statements relating to their experience on our websites:

Since viewing the content of our websites, to what extent do these statements apply to you?



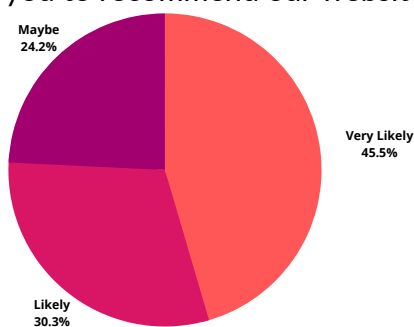
86% said they have and would implement the tools needed to use cannabis in a safe way

89% of participants found the website helped them find answers to their cannabis and mental health related questions and/or concerns

88% of participants found that the website provides an evidence-based non-judgmental approach to cannabis use

88% say they learned more about how to reduce harms and risks associated with cannabis use

How likely are you to recommend our website to a friend or peer?



60% said Very likely

40% said Likely

32% said Maybe

DIRECTLY FROM YOUTH

Quotes from our Youth Action Committee:

"I think if you're struggling with whether or not to use or you're struggling with problems with your mental health and wellness, it's important to know you're not alone and there are resources out there for you like this one!"

"I think having these conversations now is ever more important because then people can know what they're getting themselves into, or know what it is this whole like murky thing of the link between cannabis and psychosis and mental health."

"Everyone seemed to feel safe and confident to ask and answer questions and provide input/opinions."

"It has been such a pleasure to work under your guidance with Cannabis & Psychosis. Thank you for being here through all the ups and downs, for your unwavering belief in me, and for allowing me to feel accepted and confident in bringing my true myself to our work. Our conversations have allowed me to grow immensely as a person and I will forever be grateful for your time and belief in me!

Thank you so much again for your help in this journey! I'll keep you posted on where I end up and am looking forward to staying connected :)

"Working with the C&P family over the past few years has been so meaningful. In a lot of ways, it has helped me learn how to be as supportive as possible of my brother through his challenges while being able to help empower thousands of youth who might be in similar positions across Canada. I am really grateful for the opportunities you have afforded me to develop in ways I never would have as a science student. I hope that I can continue to help with the project however I can this summer, and that I can get involved with other impactful advocacy activities in the near future 😊. Thank you so much for your awesomeness, inspiration, and support over the years."



ACCOLADES

Quotes from our recent [webinar chat](#) hosted by the MHCC.

"This looks so creative; I am already looking for the site to check it out and pass it along to our community partners here in Whitehorse, Yukon."

"Thank you so much for this wonderful resource. I can't wait to go through it. The guide looks particularly useful for me with my girls at the "tween" stage. I also will be sure to share this with my colleagues who are mental health first aiders for our organization."

"This is by far the best resource for youth and service providers I have seen in years and years. It is so accessible, relatable, non judgmental, easy to navigate and anti-oppressive. This is the kind of project that deserves funding and resources to continue such great work. I would be excited to see content on more substances and more mental health issues in the same format. Congratulations to the team and all your work on this. I will be referring so many of my youth to this resource."

"miigwech. This was very helpful as an adult who has young people in my life ."

"This was a brilliantly executed land acknowledgement. miigwech."

"I can only imagine the passion, heart and hard work that has been woven into this resource. Thank you so much; may it be of great benefit."

"I can't wait to explore your resources! Thanks to your youth team and the funding providers. Your program looks amazing."

"The Mental Health Commission of Canada has been really privileged to partner with the Cannabis & Psychosis project and YouthREX on this initiative. In 2018, we received funding from Health Canada's Substance Use and Addictions Program to explore the relationship between cannabis and mental health for people in Canada. A large portion of this work has included investing in research, but we've also been working to address some of the gaps in knowledge mobilization – including helping to make sure knowledge gets into the hands of those who need it and can use it, and also helping to ensure that resources present balanced messaging when it comes to the potential impacts (both positive and negative) of cannabis use on mental health. The Cannabis and Mental Health Project has been a great opportunity to do just that. These resources offer an evidence-based and engaging curriculum addressing the relationship between cannabis use and mental health, and explore a range of related issues that are relevant to youth: understanding why people choose to use cannabis, demystifying the endocannabinoid system, examining the theoretical lenses we can use to contextualize the impact of cannabis legislation on diverse communities, and the importance of destigmatizing and harm reduction approaches to substance use and mental health education." Julia Armstrong Manager, Mental Health and Substance Use. June 2022

CONTACT US



Please reach out anytime for more information to
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T: 905 334-7009

[Social Media Press Kit](#)

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