

SSC™

SCHIZOPHRENIA
SOCIETY OF CANADA

SCS™

SOCIÉTÉ CANADIENNE
DE LA SCHIZOPHÉNIE

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

2024

2025

ANNUAL

REPORT

The Schizophrenia Society of Canada

2024-2025 SSC Executive Committee

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

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Catherine Willinsky, Project Manager, Cannabis and Psychosis Project
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Sara Clarke, Social Media and Website
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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."**

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 (SSC) was started as a non-profit, charitable organization in Toronto in 1979 by Bill Jefferies and his wife. As parents of a son with schizophrenia, they were quite aware of the stigma, prejudice, and discrimination associated with schizophrenia, one of the world's most devastating mental illnesses. SSC was born out of a strong conviction that the status quo is insufficient for those experiencing early psychosis and schizophrenia, placing advocacy at the heart of the organization. Their lived experience as family members fueled their passion and vision that more could be done, not only for those living with schizophrenia, but also for families. Within a few years, there were provincial schizophrenia societies across Canada.

SSC is committed to transforming how people think: we seek to be a visionary in advocating for a transformed mental health system based upon the recovery philosophy. Significant advances in our understanding of mental illness and treatment modalities, along with early intervention and access to person-centred and recovery-focused mental health services have demonstrated that recovery and social inclusion is possible.

Tailored mental health services and supports can help those affected to live beyond the limitations of mental illness with purpose, hope, meaning, and significance. This requires the support of an entire community, both for those living with mental illness and those who are otherwise affected. Mental health services must address the biomedical, psychosocial, psychological, and environmental issues individuals face, and be designed in response to the lived experiences of those affected. The SSC values peer support as an invaluable tool in working towards recovery, and looks to support the whole person.

We also believe that medical treatment is a key tool in helping people to reach their potential as a compliment to community support. Quality of life can be greatly improved with robust medical care, which is why the SSC is dedicated to supporting innovative research and improving access to medical treatment.

Today, we know that people living with a mental illness can achieve better mental health, their full potential, and in many cases, recovery. Our work continues to focus on supporting those affected by early psychosis and schizophrenia through research, education, and advocacy efforts, with the goal of helping people to reach their full potential.

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

We work with provincial societies and other mental health organizations to help individuals with early psychosis and schizophrenia, as well as their families, have a better quality of life while advocate support for the search for a cure.

Working for the public we are committed to:

- Raising awareness and educating the public to help reduce stigma and discrimination,
- Supporting families and individuals as they navigate the mental health system,
- Advocating for legislative change and improved treatment and services, and
- Supporting research through the SSC Foundation.

We've continued this year in offering our existing services and programs through our virtual office near Winnipeg and through our website, as well as through our social media platforms.

Schizophrenia is a serious but treatable brain disorder. Although the exact cause is still a mystery, it is believed that a combination of biochemical and environmental factors contributes to the cause of the illness. Psychosis affects 3% of the population at any given time. While psychosis can be a symptom of a number of illnesses and conditions, it is the main feature of schizophrenia.

Schizophrenia can impact anyone. It usually develops into a full-blown illness in late adolescence or early adulthood and affects an estimated 1 in 100 Canadians and their families.

We realize schizophrenia is one of the most widely misunderstood and feared illnesses in society. The lingering stigma associated with this illness often results in discrimination, lack of social inclusion and, consequently, a reluctance to seek appropriate help by the individual.

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." We encourage you to join us for a new year of challenges, goals and accomplishments. Working together, we can continue to make a difference for people affected by schizophrenia and psychosis. Our key message: Schizophrenia is treatable and recovery of a quality of life is possible, but it takes the support of a caring community.



Dr. Chris Summerville,
SSC CEO



Hazel Meredith,
SSC President



SSC INITIATIVES HIGHLIGHTED FOR 2024-2025

House of Commons Standing Committee on Finance

SSC has a strong conviction that things can definitely be different and better, and should be 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.

Therefore, SSC submitted the following recommendations to the House of Commons Standing Committee on Finance 2024 Pre-Budget Consultation Process.

Summary of Recommendations:

Recommendation 1

Introduce a National Mental Health, Health, and Substance Use Health Parity Act to improve access to comprehensive mental and substance use health care.

Recommendation 2

Support cutting-edge research for evidenced based and best practice mental health and substance use care for individuals living with schizophrenia and psychosis including prevention, early intervention, peer support, recovery, cannabis, and youth mental health as key examples.

Recommendation 3

Ensure that the Youth Mental Health Fund support organizations that prioritize early intervention and prevention in mental health care as well as youth-led approaches to education, empowerment, care, and support for those with mental illness.



SSC INITIATIVES HIGHLIGHTED FOR 2024-2025

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, and the Canadian Research Network for Early Psychosis and Schizophrenia).

As a longstanding member of CAMIMH, SSC gave leadership to the CHAMPIONS of Mental Health initiative during Mental Illness Awareness Week in October of 2024.

CAMIMH members shared with Parliamentarians and the Government of Canada the following recommendations aimed at transforming the way in which we care 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.

By being at the CAMIMH table, SSC is able to network with these 15 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 |
| Canadian Perinatal Mental Health Collaborative | |

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



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 be part of 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 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. Chris Summerville, the SSC CEO, has been Co-Chair of the Hallway Group for the last 10 years.

Mental Health and Substance Use Health Policy Working Group

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.



Schizophrenia Quality Standards

Through our CEO, SSC is a member of the Schizophrenia Quality Standards Demonstration Project Community of Practice.

The Mental Health Commission of Canada (MHCC) and Ontario Shores Centre for Mental Health Sciences (Ontario Shores) are collaborating on a nationwide demonstration project to advance treatment, strengthen care delivery, and improve outcomes for those living with schizophrenia.

Demonstration sites for the project are:

- Adult Forensic Mental Health Services – Manitoba
- Hôtel-Dieu Grace Healthcare and Canadian Mental Health Association – Windsor-Essex County, Ontario
- Newfoundland and Labrador Health Services – Newfoundland and Labrador
- Seven Oaks Tertiary Mental Health Facility – British Columbia

These sites will receive tools, education, and training to implement the Standards based on specific regional, cultural, and organizational needs. The co-creation of a national toolkit to expand these Quality Standards across the country will reduce the variability in care for people living with schizophrenia.



Your Recovery Journey

We continued redeveloping our educational resource, "Your Recovery Journey," to be renamed "Your Personal Recovery Journey." Fran Schellenberg, who is retired as Executive Director of the Mental Health Department of Manitoba Health, is the project lead. Using the CHIME framework, we are developing five sessions of "Your Personal Recovery Journey," which will be adapted to any mental illness and for use by the target audience: peer support groups. The project will be completed in the fall of 2025.

The CHIME framework for personal recovery



The current realities of early psychosis and schizophrenia in Canada define an organizational vision for the future.



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

Our Projects 2024 Impact Report is attached at the end of the SSC Annual Report



SSC Advocacy Report

Advocating for a better Canadian mental health system is an important part of the SSC’s work. In 2024-2025, the SSC continued to provide leadership on mental health issues at the federal level through a variety of advocacy initiatives. Our efforts, both independent and collaborative, were aimed at improving treatment and services through legislative and policy changes.

A proud founding member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), the SSC was pleased to participate in CAMIMH’s efforts and initiatives, including Mental Illness Awareness Week. CAMIMH partners – a balance of family, consumer and professional groups – provide a strong, effective and unified voice to address mental illness and mental health issues at the federal level. CAMIMH’s mandate is to develop and maintain a government relations and public affairs strategy specific to advancing federal policy, programs, legislation and regulations related to mental illness and mental health.

During this fiscal year of 2024-2025, the Schizophrenia Society of Canada continued to advance its government relations efforts through meetings with federal officials of all parties, organizing advocacy strategies, and submitting a pre-budget brief to the Standing Committee on Finance. Public Affairs. We continued to engage with the Standards Council of Canada’s working group consultations to establishment national mental health standards from the federal government.

While a non-profit’s sole purpose cannot be advocacy, we are pleased that we continue to give voice to those who look to SSC to advance their concerns for equitable acknowledgement, access to treatment options, and response to those living with the most stigmatized mental illness.

As mental health has long been viewed secondary to physical health, mental health has been continuously underfunded by governments in Canada and issues such as long wait times for care persist. Other countries such as the United Kingdom have already enacted parity acts and it is time that Canada follow suit and be a leader in this area. A parity act that enshrines mental health standards of care and support across Canada would set a new precedent and signal that Canada truly values mental health equally to physical health.

We strongly believe the federal government has a leadership role to play with respect to mental health funding and for the drive for parity as it negotiates the current and future health accords with the provinces. Future funding should apply a parity lens that ensures any federal funds are at par.

The Schizophrenia Society of Canada Foundation

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2024-2025 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

The SSC Foundation was established in 1994 when the late Dr. Michael 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. We are forever grateful for Dr. Smith's generosity. His legacy is an inspiration to others to invest in research initiatives.

The Foundation also 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 recovery is possible.

The SSCF looks forward to fostering out existing research partnerships and establishing new opportunities to advance research into causes, functioning and cure for schizophrenia.

Finally, 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.



Florence Budden Mental Health Advocates
News Conference.



**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.**



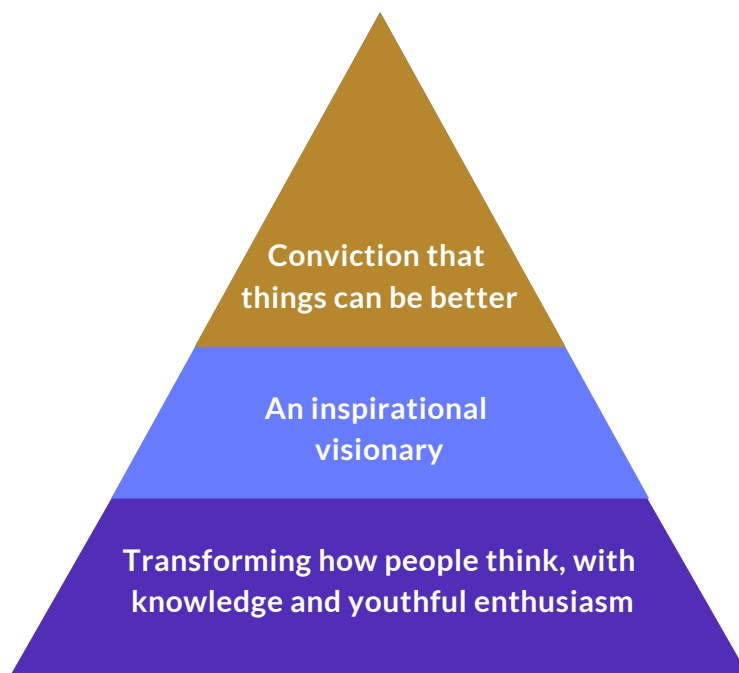
OUR BRAND ESSENCE

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 worldview, 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 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

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Hope changes everything.





CANNABIS & MENTAL HEALTH

Reflections on the Cannabis and Mental Health Project



September 2025

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CANNABIS &
MENTAL HEALTH

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LOOKING BACK: THREE YEARS OF IMPACT

The **Cannabis and Mental Health: Sharing the Link** project has officially wrapped up. As we close this three-year initiative, we are taking the opportunity to reflect on its impact, celebrate accomplishments, and share key lessons learned along the way.

Over the course of the project, we worked with youth, educators, service providers, and national organizations across Canada to co-develop and share resources about cannabis, mental health, and psychosis. The goal was to create **evidence-based, nonjudgmental, and youth-friendly tools** that meet a pressing public health need.

What follows is a summary of what we achieved, what we learned, and why this work remains urgent and relevant moving forward.

MEETING AN ONGOING AND GROWING NEED

The **Cannabis and Mental Health (C+MH) initiative** was launched in direct response to a clear and persistent public health need: accessible, evidence-based, and youth-friendly education about the relationship between cannabis and mental health.

From the beginning, demand for our content has been strong and continues to grow. Youth themselves seek honest, nonjudgmental resources. Educators and service providers need tools to support conversations with students and clients. National organizations have reached out for guidance and implementation support. Across all these audiences, our evaluation data, lived experience insights, and the wider scientific literature point to the same conclusion: youth remain particularly vulnerable to cannabis-related mental health harms, including psychosis, and require tailored supports.

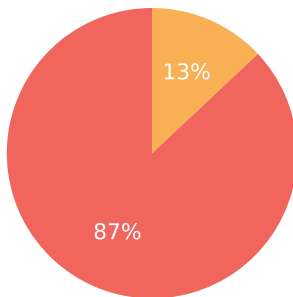


IMPACT

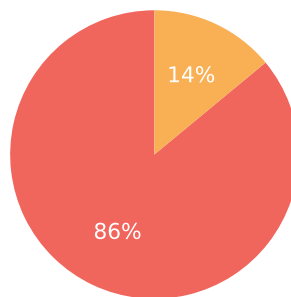
Our project's evaluation underscores the difference these resources can make:

1. 87% of participants learned how to recognize warning signs of problematic use.
2. 86% learned strategies to reduce risks and harms.
3. 82% gained practical tools to support safer use, if they chose to use.
4. 81% felt more prepared to support friends or family
5. 66% reported they would now choose lower-THC products.
6. 65% said they would avoid mixing substances.

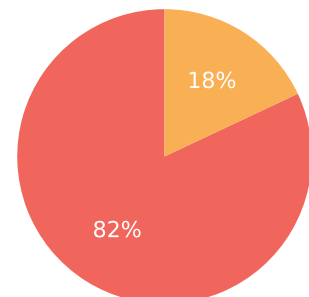
Recognize warning signs



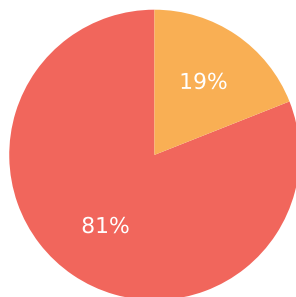
Learned risk-reduction strategies



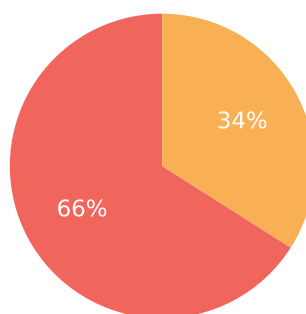
Gained practical tools



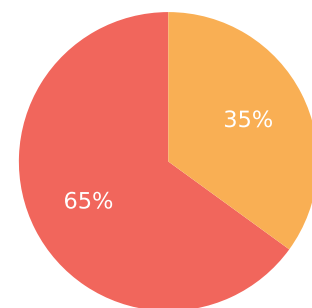
Prepared to support others



Choose lower-THC products



Avoid mixing substances

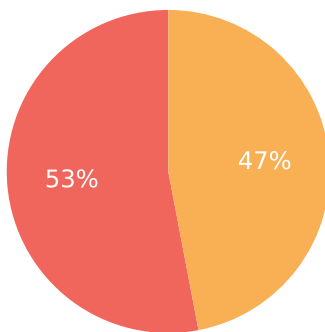


WHY THIS WORK REMAINS URGENT

These results point to measurable improvements in **cannabis literacy and harm reduction knowledge**. However, only **53%** of respondents said they would wait until age 25 to begin use or avoid cannabis altogether. This gap highlights the continued need for targeted, youth-centered prevention and education strategies.

Beyond individual learning, the initiative reached deep into communities. More than half of respondents reported knowing a young person struggling with both cannabis use and mental health concerns. One-third of survey participants said they had **ongoing concerns about youth cannabis use** in their own lives. At the systems level, we saw sharp increases in demand for our materials across schools, health settings, and youth-serving organizations, confirming the project's relevance and impact.

Wait until 25 or avoid use



EVIDENCE OF ONGOING NEED

One of the stated goals of cannabis legalization in Canada was to protect youth. Seven years later, evidence shows this goal remains unmet.

Youth in Canada are using cannabis more often than in many other countries, and this raises significant concerns for mental health, such as the risk of psychosis and schizophrenia.

Recent studies reveal troubling trends:

- Cannabis use among young adults has **increased since legalization**.
- Youth facing systemic discrimination, such as 2SLGBTQI+, newcomer, Black, and Indigenous youth, experience **higher risks for cannabis-related harms**.
- Cannabis literacy correlates with lower use, but youth cannabis literacy remains **consistently low across Canada**.
- Service providers often **lack the tools and training** needed to address cannabis use with youth.

EVIDENCE CON'T

National reports and consultations, including those by the **Canadian Centre on Substance Use and Addiction (CCSA)**, have echoed these concerns. They call for stronger, youth-co-developed education strategies, increased provider training, and prevention initiatives that are accessible, engaging, and rooted in harm reduction.

Our project's findings support this call. At project launch, cannabis literacy was consistently low among both youth and service providers. After accessing our resources,

- **83%** of learners reported increased knowledge.
- **70%** indicated they planned to apply what they learned in practice.

This demonstrates that well-designed, accessible, and stigma-free educational tools can successfully shift knowledge, attitudes, and behaviours.



HIGHLIGHTS FROM THE FINAL YEAR OF ACTIVITIES

Empowering Local Communities

The **Budding Project Awards** created opportunities for youth-serving organizations, especially in smaller or under-resourced communities, to adapt and implement C+MH resources. By supporting organizations that often lack access to larger grants, we helped build local capacity, foster new partnerships, and develop tailored events grounded in the needs of each community. These localized efforts ensured higher uptake and strengthened the reach of the initiative.

Expanding Outreach Through Virtual Workshops

We refocused community engagement through **drop-in Virtual Intro Workshops**, which oriented educators, parents, youth-serving professionals, and health workers to the C+MH course and mentor guide. By engaging individuals best placed to support youth, these workshops significantly expanded our reach. In one reporting period, the **average reach per participant was over 10,000 people**. The sessions also fostered new partnerships and revealed emerging knowledge needs, such as requests for content on ADHD, anxiety, and digital health tools, guiding iterative improvements to our materials.

Innovative Community Engagement Through Art

A collaboration with **Myths and Mirrors Community Arts** in N'Swakamok (Sudbury) illustrated the power of creative engagement. Together with Indigenous artists Raven Debassige and Sam Barry, youth and community members co-designed a public mural exploring cannabis literacy, harm reduction, and mental wellness. The community paint day drew more than 50 young participants, generating pride, dialogue, and ownership of the final artwork. The mural became both a public education tool and a symbol of community connection.



PARTNERSHIPS AND SUSTAINABILITY

Building Strong Collaborations

From the start, we prioritized partnerships. We worked with the **Native Women's Association of Canada** to co-develop culturally relevant educational resources for Indigenous communities. Collaborations with **DrinkSmart** and **Drug Free Kids Canada** extended our reach into schools and post-secondary settings, including shared campaigns on polysubstance use.

Embedding Materials Into Systems

To maximize impact and sustainability, we created downloadable resources (such as posters and guides) that local partners like **Early Intervention in Psychosis clinics** and **Youth Wellness Hubs** could print and distribute themselves. We also piloted **train-the-trainer strategies**, equipping educators and health promoters to deliver content within their own networks. This ensured the project's reach continued beyond its official timeline, maximizing existing resources.

Leveraging Resources

By making use of partner platforms, outreach channels, and in-kind contributions such as dissemination and training, we reduced costs while extending our reach. Evaluation data confirm that this collaborative model significantly increased uptake, demonstrating both efficiency and strong return on investment.



What's the BUZZ about 4/20?
Find out what Canadian Youth think about Cannabis in 2024

STAY TUNED
Live on our website
APRIL 20th
A FREE virtual event

Vijai, Mikhalia, Connor, Kobi, Heath, Hargun, Kibbi, Jeleni, Alyssa, Emma, Kaviya, Heleen, Lwansa

A Roundtable Discussion with our Youth Action Committee

CANNABIS & MENTAL HEALTH
Grow your knowledge.

FINAL REFLECTIONS AND LOOKING AHEAD

Over the past three years, the Cannabis and Mental Health initiative has generated momentum, impact, and lessons that will continue to guide youth-centered public health work in Canada. We have demonstrated that accessible, evidence-based, and nonjudgmental tools can improve cannabis literacy, shift behaviours, and empower both youth and the adults who support them.

At the same time, evidence continues to highlight urgent public health concerns: persistent misinformation, low youth cannabis literacy, and increasing risks of psychosis and other mental health challenges. Addressing these issues requires a systems-level response. Looking forward, we are committed to building on this work with partners and funders, including Health Canada. Our goal is to continue advancing youth health literacy on cannabis use, mental health, and psychosis through initiatives that are:

- Effective and evidence-based.
- Youth- and person-centered.
- Rooted in harm reduction and mental health promotion.
- Sustainable through strong partnerships and community leadership.

We are proud of what this project has accomplished and excited by the possibilities ahead to create healthier, more informed futures for youth across Canada.



WHAT'S NEW?

Over the summer, we have been developing a new upstream, prevention-focused resource for School Mental Health Ontario: a toolkit called Connect Quest. Designed for students in Grades 4–8, this toolkit will be shared with schools across Ontario to support young people in navigating substance use health and balanced device use. It includes engaging activities and approaches for students, as well as practical components for educators, administrators, and caregivers.

Grounded in research and informed by input from Ontario youth, Connect Quest is intended to be clear, accessible, and culturally responsive, fostering connection, belonging, and open conversations. Its flexible design allows it to be used with individual students, in classrooms and school-wide initiatives, or as a way to engage families, all to help young people build the skills, confidence, and mental health literacy they need to thrive. We have now completed the second draft of this resource and are seeking expert review to ensure it reflects evidence-aligned approaches and best practices for promoting substance use health and balanced device use among youth.

Please stay tuned for the launch of the resource across Ontario schools in November 2025!

