

Request for Proposals: Community-Based Research Projects in Cannabis and Mental Health

The purpose of the Community-Based Research (CBR) funding is to address knowledge gaps in the relationship between cannabis and mental health. This opportunity is also aimed at building research capacity among people with lived and living experience of cannabis use and/or mental health problems and illnesses, and by other priority populations. Between 2020 and 2022, the MHCC will fund up to 12 CBR projects. The maximum funding for an approved research project is up to \$50,000 per year (\$100,000 over two years). Proposal development support is available upon request (see the final section for further details).

Issued by the Mental Health Commission of Canada (MHCC)	
Award amount	Up to \$50,000 per award/per year (for all project expenses, including GST)
Date of RFP release	February 18, 2020
RFP information session (webinar)	March 4, 2020, 1 to 2:30 p.m. ET
Application deadline	April 23, 2020
Research committee decision	June 12, 2020
Awards announcement to successful teams	June 29, 2020
In-person workshop for designated team reps (1 per team). Attendance paid for by the MHCC.	Summer, 2020
Midpoint report deadline	July 31, 2021
Final report deadline	July 31, 2022

All proposals must include the following:

	Word or PDF (word count applies; submit as one document)	Word or PDF (word count does not apply; may be submitted as separate attachments)
Core Application Requirements		
1. Team profile	✓	
2. Project summary (max. 250 words)	✓	
3. Description of the intended work (max. 3,000 words)	✓	
4. Meaningful community engagement (max. 500 words)	✓	
Supporting Documentation Requirements		
1. Previous experiences profile (max. 2 pages per person)		✓
2. Project timeline		✓
3. Budget		✓
4. Letter(s) of support (at least one)		✓

All proposals must be emailed to cannabis@mentalhealthcommission.ca no later than 11:59 p.m. on April 23, 2020.

Project sponsor: Mental Health Commission of Canada

The MHCC supports the development of innovative programs and tools to benefit the mental health and wellness of people living in Canada. Through federal funding, we bring stakeholders together, seek to inspire change, and support governments and organizations in creating sound public policy. People with lived and living experience and their families are key to our work.¹

After non-medical cannabis use became legal in October 2018, the MHCC received funds to help strengthen the evidence base about the relationship between cannabis and mental health. Over the next four years, we will fund short-term, long-term, and community-based research to help fill research gaps and expand cannabis research specifically related to mental health.

Overview of community-based research investments

The MHCC is seeking applications from members of priority populations (see list on page 3) who are interested in conducting community-based research (CBR) on the relationship between cannabis and mental health. Meaningful CBR research follows three principles.² It strives to be

¹ See the RFP Glossary on the last two pages of this document if any of the terms we are using are not familiar.

² See [About CBR](#) by Community-Based Research Canada.

- **community driven** (where the community under study initiates and leads the research)
- **participatory** (where the community contributes to all phases of the research)
- **action oriented** (where research processes and findings seek positive social change).

CBR is gaining popularity in the mental health and substance use fields because it helps build the capacity to create policies and practices to meet the needs of specific populations. While CBR can have diverse approaches and definitions, at its core is engaging persons with lived and living experience, people in the community, service providers, policy makers, and other key stakeholders to help them create, share, and promote knowledge together.

Between 2020 and 2022, the MHCC will fund up to 12 CBR projects³ that address knowledge gaps in the relationship between cannabis and mental health. The maximum funding for an approved research project is up to \$50,000 per year (\$100,000 over two years).

The MHCC identified research priorities based on an [environmental scan and scoping review](#) and two community-based research forums on cannabis and mental health. The first forum was in Ottawa on July 16, 2019, with attendees from across Canada; the second in Happy Valley-Goose Bay, Labrador on October 9-10, 2019, for Inuit across Inuit Nunangat to meet to discuss cannabis. Together, these forums gave the committees a chance to talk about research gaps and opportunities and (in part) inform the MHCC's request for proposals. Forum reports from the [Ottawa event](#) and the [Inuit event](#) include detailed discussions of current research priorities.

Priority research areas

The relationship between cannabis and mental health is shaped by personal, social, political, and economic factors and gives rise to questions about health equity, human rights, social justice, and more.

The MHCC supports a holistic policy approach on the relationship between cannabis and mental health. Such an approach seeks to reduce harms, understand potential benefits, and apply evidence-informed policies and practices rooted in the social determinants of health. Our work is informed by people with lived and living experience of cannabis use and/or mental health problems and illnesses and by other community members.

In light of the current evidence on cannabis and mental health, we have identified the following priority areas for potential CBR projects (**Note:** Projects *must* be about the relationship between cannabis and mental health):

- cannabis and its effects
- factors that influence why people use cannabis
- cultural practices and beliefs around cannabis use
- diverse populations and cannabis use
- consumption patterns across groups and regions
- impacts of criminalization for people who use or sell cannabis and other drugs

³ The research must be done in Canada.

- impacts of legalization
- stigma
- trauma and suicide
- informing care providers
- effective public education strategies

Who can apply

This opportunity will fund research driven by the following groups:

- people with lived and living experience of cannabis use and/or mental health problems or illnesses
- members of First Nations, Inuit, and Métis communities
- Immigrant, refugee, ethnocultural, and racialized populations
- Two Spirit, lesbian, gay, bisexual, trans, and queer persons
- communities who experience layers of oppression (e.g., people with experiences of homelessness, who are or have been involved in the justice system, who do sex work, and who buy or sell street-level substances)

We invite applicants to use methodologies or approaches that best meet the needs of the communities they are working in (e.g., Indigenous research methodologies). All projects must be grounded in the local culture.⁴

Applicants may be

- peer-driven advocacy organizations or coalitions (with support from an experienced researcher familiar with CBR)
- community-based organizations (e.g., non-profits) serving or representing communities (e.g., First Nations, Inuit, and Métis, newcomers, 2SLGBTQ+) or addressing policies or practices related to mental health and wellness or substance use (with support from an experienced researcher familiar with CBR)
- academic researchers working in meaningful collaboration with at least one such peer-driven or community-based organization
- emerging researchers, such as graduate students and/or non-academic practitioners, who have strong relationships in the community and are supported by an experienced researcher familiar with CBR.

The MHCC believes research partnerships should be equitable so that all partners (e.g., people with lived and living experience, community members, Elders, researchers, organizational representatives) are

⁴ Where appropriate, we encourage the inclusion of Elders as team members. For research in Indigenous languages, supports will need to be provided for translation and interpretation. The MHCC acknowledges that we are not in a position to evaluate First Nations, Inuit, and Métis research priorities. We will therefore establish a review process (supported by First Nations, Inuit, and Métis health researchers) to ensure Indigenous proposals are distinctions-based and reviewed in culturally appropriate ways.

valued, contribute to important decisions, and hold ownership of the data (i.e., the knowledge gained as a result of the research). Positive impacts from the research should also benefit the community directly.

Research principles

We encourage applicants who are committed to and/or have demonstrated experience in one or more of the following areas:

- social justice and human rights
- anti-oppression and anti-racism
- social determinants of health and health equity
- trauma-informed practice
- intersectionality
- gender-based analysis plus (SGBA+)
- cultural safety
- Indigenous methodologies and ways of knowing

We also encourage applicants to include any of these principles if relevant to the design, implementation, and evaluation of their project.

The following resources can be helpful for planning, developing, and executing CBR projects:⁵

- ✓ [Community Based Research Toolkit](#) (bilingual, Carleton University)
- ✓ [Community-Based Research Toolkit: Resources and Tools for Doing Research with Community for Social Change](#) (Access Alliance)
- ✓ [Peer Engagement Principles and Best Practices](#) (B.C. Centre for Disease Control)
- ✓ [Guidelines for Working with Elders](#) (Carleton University)
- ✓ [Best Practices for Democratizing Research](#) (Drug Policy Alliance)
- ✓ [Innovation to Implementation: A Practical Guide to Knowledge Translation in Healthcare](#) (Mental Health Commission of Canada)
- ✓ [Research 101: A process for developing local guidelines for ethical research in heavily researched communities](#) (*Harm Reduction Journal* article)
- ✓ [Gender-Based Analysis Plus](#) (free online course, federal government)
- ✓ [Chapter 9 of the Tri-Council Policy Statement on Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) (federal government Panel on Research Ethics)
- ✓ [First Nations Principles of OCAP](#) (First Nations Information Governance Centre)
- ✓ [National Inuit Strategy On Research](#) (Inuit Tapiriit Kanatami)
- ✓ [Health Equity Impact Assessment](#) (Ontario Ministry of Health and Long-Term Care)
- ✓ [Free, Prior, and Informed Consent](#) (UN Food and Agriculture Organization)

⁵ This list of resources is by no means complete. With First Nations-, Inuit-, and Métis-driven research in particular, we encourage teams to find guidance in documents and priorities by national, regional, and grassroots organizations.

Ethics

The MHCC is committed to supporting research that respects and protects all participants. While ethics approval isn't required during the application process, successful applicants will need approval from a research ethics review board (where appropriate) before starting research with people. Ethical issues can include things like maintaining the privacy and confidentiality of your participants, understanding the potential risks and benefits of the research, and planning for such issues so you can address them in your project design.⁶

Researchers who don't have access to a research ethics board can use the [Community Research Ethics Office](#).

Launch workshop, payment schedule, and reporting timelines

If your application is successful

- one team member is required to attend the project launch workshop, summer 2020 (hosted and paid for by MHCC)⁷
- your team will agree on a payment schedule (at the contract signing) and the tasks or products (e.g., document, report, etc.) to be completed during the project
- your team will deliver a mid-point report (by July 31, 2021) using an MHCC template
- your team will deliver a final report (by July 31, 2022) using the [1:3:25](#) model for accessible reporting.

Core application requirements

1. Team profile

Note: Each team must designate a “team representative” to serve as a primary contact and hold administrative responsibility (i.e., to sign forms on behalf of the team) for the application and future communications.

Please combine the following information in one table at the beginning of your proposal (see example below):

- a. your team representative's name, organization, address, telephone, and email
- b. each core team member's name, position and affiliated organization (if applicable), proposed role, responsibilities for elements of the work plan (interviews, writing final report, etc.). Each member should sign the document to acknowledge their involvement in the project.

⁶ If applicable, see [Chapter 9 of the Tri-Council Policy Statement on Research Involving First Nations, Inuit and Métis Peoples of Canada](#) for guidance on conducting research premised on respectful relationships and carried out in the spirit of collaboration and engagement.

⁷ The workshop will help teams launch their projects, navigate concerns around ethics review approvals, and troubleshoot any concerns.

Example table

Team Member Name	Position & Organization (if applicable)	Proposed Role in Project	Responsibilities	Signature	Team Representative Contact Information (address, phone, email)

2. Project summary (max. 250 words)

The summary will be used in MHCC communications and should be in [easy to understand language](#).

3. Description of the intended work (max. 3,000 words)

Include the following information:

A. Background and research objectives

Show how the planned work relates to the MHCC’s priority research areas, and clearly explain the research question(s) that will guide your project. State how the planned research adds to existing knowledge, and briefly describe the key literature on the topic (max. 10 sources or examples). This information can include academic journal articles and other sources like reports, fact sheets, newsletters, etc. (often called grey literature).

B. Methodology

Describe your proposed methods for completing the project, and explain how these approaches will meet the needs of the communities you are working in.

C. Principles

Outline how you will build in at least one of the following approaches (where applicable): (1) social justice and human rights, (2) anti-oppression and anti-racism, (3) social determinants of health and health equity, (4) trauma-informed practice, (5) intersectionality, (6) GBA+, (7) cultural safety, and (8) Indigenous methodologies and ways of knowing.

D. Dissemination and impact

Briefly outline the likelihood that your research will impact cannabis and/or mental health policy and practice and/or the communities you are working in. Show how you propose to measure success in your project; for example, a measurable increase in participants’ knowledge of the relationship between cannabis and mental health or some other measure of success your team finds meaningful. Also include a short description of your plans to share the knowledge gained, including how you will reach out to the groups who could benefit most from this information. List one knowledge sharing deliverable or activity (e.g., workshop, gathering, podcast, on-the-land program, toolkit) that will be completed within the project’s time frame.

Note: Dedicate at least two to three months in your timeline for the ethics review process, if applicable. Parts of the project that do not involve research with humans (e.g., literature reviews and environmental scans) can start while the ethics review is being done.

4. Meaningful community engagement (max. 500 words)

Describe how the proposed project emerges from, builds capacity in, and/or engages with the people in the community (i.e., those most affected by the issue or intervention under study). An understanding of the cultural context of the community, including its relationship to substance use or cannabis use, is important. List community groups, organizations, agencies, or individuals who will be involved in the project and how they will benefit from the findings of the research. Drawing on the principles outlined in the UN FAO manual⁸ describe how free, prior, and informed consent has been determined. Include at least one letter of support (PDF) from a key partner with your submission (see Section 6).

Supporting documentation requirements

Note: Word count does not apply. Documents may be submitted as separate attachments.

1. Experiences profile

Outline the work, volunteer, or lived and living experience (max. 2 pages per person)⁹ that helps qualify core members of the team in relation to the work plan. Profiles may be in the form of a resume, CV, or bulleted list.

2. Timeline

Provide a work plan (e.g., a table) with timelines for the activities and deliverables (things you plan to share and “deliver on” like a final report) that will occur between June 30, 2020, to July 31, 2022. Include key milestones (major points in time) such as the dates you expect to complete your interviews, surveys, focus groups, etc.

3. Budget, including fair payment of all roles

Provide (1) a high-level budget breakdown for the June 30, 2020 to July 31, 2022 period,¹⁰ (2) rates of pay for each core team member,¹¹ and (3) the estimated time each team member will spend on the project.

Eligible expenses include¹²

- compensation for direct costs of project-related work for all core team members
- costs of focus groups, including honorariums for Elders (as distinct from payment for Elders as team members) or participants, and reasonable hospitality expenses (e.g., coffee and light snacks for participants)
- travel directly related to the research project, such as focus groups or project meetings

⁸ The UN’s [Free, Prior and Informed Consent](#) page includes a link to a resource manual for practitioner’s as well as an email address for more information.

⁹ **Note:** One person per team may use up to five pages.

¹⁰ Payment schedules will be negotiated based on the needs of approved projects.

¹¹ **Note:** We believe in fair pay for expertise, and we value the contributions of Elders and people with lived and living experience of substance use and mental health problems and illnesses. Payment for all team members must be outlined in the budget. For guidance on fair payment for peer work, consult these [best practices](#). Differences in compensation among team members must be given a strong justification.

¹² Where northern geography or remoteness greatly impacts budget expenses, please flag for special consideration.

- project-related materials and supplies
- administrative costs (not to exceed 12 per cent of total project costs) directly related to carrying out the research project, including
 - wages and mandatory employment-related costs (MERCs) for administrative staff
 - office supplies
 - rental of office space.

Note: Funds are not intended for the purchase of office equipment and supplies normally supplied by an organization or institution. If the budget involves equipment costs, include the following information:

- an explanation of why you need the equipment and its direct use in the project
- confirmation that the equipment is not available through any other project partners
- a specific cost quote based on actual market value

Ineligible expenses include

- travel for participation in research dissemination events or conferences
- costs not associated with the project
- capital expenditures (including computers), unless deemed necessary to the project (include the same office equipment documentation outlined above)
- general overhead costs not directly related to completing the project.

4. Letter(s) of support

Provide a letter of support for any partner group, organization, agency, or individual involved in supporting in the project (i.e., collaborating with the applicant team). Letters should explain how the research problem and research agenda emerged, from the perspective of the partner group, organization, agency, or individual as well as their expected involvement and contributions.

Proposal submission

Please submit your proposal to cannabis@mentalhealthcommission.ca by **11:59 P.M. ET April 23, 2020**.

Community information session

An RFP information session will be offered via **webinar on March 4th from 1-2:30 p.m. ET**. To register, visit <https://adobe.ly/2REhjiU>.

Proposal selection criteria

A. Relevance and significance

- a clear demonstration that the community has expressed a need for this research
- a clear relationship between cannabis and mental health, and at least one or more of the additional areas of focus

B. Activities and methods

- clearly stated and relevant guiding research questions

- a clearly stated and appropriate strategy to investigate key research questions

C. Team composition

- a clear commitment to represent people with lived and living experience and from the community (including Elders) in meaningful roles and at least half the core team positions

D. Impact and future outcomes

- a clear demonstration that the community will benefit in tangible and/or intangible ways from the research
- recommendations for evaluating the project (i.e., how you propose to measure success?)

E. Budgeting and project planning

- a clear and concise budget outlining timing and expenses

F. Meaningful community engagement

- letter(s) of support endorsing the research from a partner group, organization, agency, or individual who will have supportive involvement in the project

G. Overall quality of the proposal

- a well written and easy-to-understand submission

Are you new to this? Interested but not sure where to start?

We welcome and encourage people and communities to apply who have never done community-based research. To help you get started, experienced CBR hubs from around the country can offer guidance free of charge. They include the [Centre for Community Based Research](#) (University of Waterloo),¹³ [Centre for Healthy Communities](#) (University of Alberta),¹⁴ [Inuit Tapiriit Kanatami](#),¹⁵ the [National Collaborating Centre for Determinants of Health](#) (Saint Francis Xavier University),¹⁶ the [National Collaborating Centre for Indigenous Health](#) (University of Northern British Columbia),¹⁷ and the

¹³ The Centre for Community Based Research (CCBR) conducts and promotes CBR and has partnered with hundreds of groups from across Canada and beyond. From grassroots community groups to intergovernmental initiatives, the organization specializes in finding new ways to help people work together.

¹⁴ The Centre for Healthy Communities is network of interdisciplinary scientists and practice affiliates. They typically work in cross-sectoral teams to address complex, systems-level public health questions. The aim is to improve practice and policy in health, urban planning, education, recreation, community services, and transportation.

¹⁵ Inuit Tapiriit Kanatami (ITK) is the national representational organization protecting and advancing the rights and interests of Inuit in Canada. Its efforts are focused on improving Inuit health and well-being. ITK's [National Inuit Strategy for Research](#) is a crucial framework for building the coordination, efficacy, impact, and usefulness of Inuit research.

¹⁶ The National Collaborating Centre for Determinants of Health (NCCDH), provides the Canadian public health community with knowledge and resources to take action on the social determinants of health, to close the gap between those who are most and least healthy. NCCDH works with the public health field to move knowledge into action—in practice, in policy and in decision making—to achieve societal improvements that result in health for all.

¹⁷ The National Collaborating Centre for Indigenous Health (NCCIH) uses a holistic, co-ordinated and strengths-based approach to health. NCCIH fosters links between evidence, knowledge, practice and policy while advancing self-determination and Indigenous knowledge in support of optimal health and well-being.

[Wellesley Institute](#) (Greater Toronto Area).¹⁸ These organizations can answer any questions you may have, including how to think your way through the process, form a research team, find an experienced researcher, apply for ethics approval, and so much more. Connecting with a hub is a great first step in bringing your idea to life so we encourage you to reach out sooner rather than later. If you would like to be matched with a hub for support, the deadline to let us know is March 30th. Looking forward to hearing from you!

If you have any questions or would like us to match you to a hub organization, contact Lynette Schick at 613-683-3960 or lschick@mentalhealthcommission.ca.

We also encourage you to attend our March 4th webinar, where we'll walk people through the RPF process. See [Community information session](#) for times and registration details.

Note: If no proposals meet the criteria outlined above, the MHCC reserves the right to not fund any or all proposals received or re-issue this request for proposals.

¹⁸ The Wellesley Institute's mission is to advance population health and reduce health inequities by driving change on the social determinants of health through applied research, effective policy solutions, knowledge mobilization, and innovation.

RFP Glossary

anti-oppression. An approach to a problem or issue that looks at the unequal power held by certain people, organizations, and communities, which are due to income, age, ability, gender, etc. Anti-oppressive practice means being constantly aware of these power imbalances and working to balance them by changing values, behaviours, and large-scale systems.

anti-racism. An approach to a problem or issue that looks at unequal power between racialized people and non-racialized (white) people. These imbalances take the form of unearned privileges that non-racialized people benefit from and racialized people do not. Anti-racist practice means being constantly aware of these inequities and working to balance them by changing values, behaviours, and large-scale systems.

co-led research. Research done by more than one person in a co-operative and equally empowering way. Though members of the team may each have different roles and responsibilities, a shared ownership of the final goal should exist.

deliverable. Something provided or achieved as the result of a process. It can be tangible, like a final report or presentation, or intangible, like an increase in people's knowledge or skills or a new partnership between organizations.

ethnocultural. A community or group defined by shared characteristics unique to and recognized by that group. These may include traditions, ancestry, language, and other traits.

evidence-informed policy. When policy makers use the best evidence available to help them make decisions, including evidence from research, statistics, and individuals' perspectives.

gender-based analysis plus (GBA+). A way of determining how certain groups of women, men, and non-binary people may experience or be differently affected by policies, programs, and other actions.

health equity. When people can reach their fullest health potential. Achieving health equity means reducing unnecessary differences between people that are unfair and unjust.

human rights. Rights that belong to every person from birth till death, which are typically protected by law.

Indigenous cultural safety. A participant-centred approach that focuses on creating an environment where each person's identity, beliefs, needs, and reality are acknowledged. Cultural safety empowers people and ensures that participating communities, groups, or individuals are partners in decision making. It is also about trying to address power imbalances between Indigenous and non-Indigenous people (creating systems free of racism and discrimination).^{19,20}

¹⁹ Northern Health Indigenous Health. (2016). Declaration on cultural safety and humility. Retrieved from <https://www.indigenoushealthnh.ca/news/declaration-cultural-safety-and-humility>

²⁰ Canadian Institutes of Health Research. (2019). Defining Indigenous health research. Retrieved from <http://www.cihr-irsc.gc.ca/e/50340.html>

intersectionality. All the identity factors that interact to make each person and their life unique, like race, ethnicity, religion, age, ability, income, etc. Because of these factors, policies, programs, and other actions will affect each person differently. In other words, intersectionality is about knowing that “one size does not fit all” when it comes to policy or research.

layered oppression. Aspects of identity — such as race, class, and gender — that can interact dynamically to shape an individual’s experience of advantage or disadvantage in different situations. This combination of layers makes each person unique. No two people will experience layered oppression in the same way. (Layered oppression is similar to intersectionality.)

lived experience. The knowledge and experience you get when you’ve lived through something. While everyone has such experience, our use of “people with lived and living experience” in the Request for Proposals means people who have past and/or present experience of substance use and/or mental health problems or illnesses. This includes people who have experiences of criminalization because of cannabis use.

research ethics. Using ethical principles and values when designing and doing research projects, particularly those that involve humans and animals. Most universities and hospitals (or other places of research) will have a committee (research ethics board) who conducts ethics reviews. These people meet periodically to decide whether a proposed research project raises any ethical issues (i.e., harm that could occur if it were to go forward). If the board has any concerns, it will tell the research team how their plan needs to change before they start the project. In extreme cases, a project will not be able to begin at all.

social determinants of health. “The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by . . . money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries,” communities, and populations (para. 1).²¹

social justice. Equal access to wealth, privileges, and opportunities in society.

stakeholder. A person with an interest or concern in something.

trauma-informed practice. A strengths-based approach to understanding the whole person, including past traumas that may influence their behaviours and ways of coping. Being trauma-informed can also involve being aware of and sensitive to historical, intergenerational trauma (i.e., trauma experienced by cultures and family systems over multiple generations) and its relationship to substance use.

²¹ World Health Organization. (2020). About social determinants of health. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/