

CALL FOR PROPOSALS
for the
MENTAL HEALTH INNOVATION PRIZE

**Reducing Incidences of Suicide among Youth and Young Adults living with
Mental Health Issues with an emphasis on Psychosis or Schizophrenia**

INTRODUCTION

Mental illness affects 1.2 million children and youth in Canada and, of this number, only 20% will receive the treatment that they need to recover and lead healthy lives. The prevalence of mental illness among youth is problematic because adolescence and young adulthood are pivotal times in education, early career development and personal relationships.

By not supporting youth during this critical period of developing life skills, we may be setting them up for further struggle throughout their lifespan. For youth with more complex mental health issues such as psychosis or schizophrenia, a lack of supports can be especially detrimental to shaping their futures.

Psychosis, which can lead to schizophrenia, is a serious but treatable mental illness that often strikes during adolescence and young adulthood. Its symptoms can include disruptions in thought processes, perceptions, emotional responsiveness and social interactions. These factors are often very disturbing and can leave people vulnerable to thoughts of suicide.

Though exact figures for psychosis and psychotic illnesses (such as schizophrenia or bipolar disorder) among youth vary, it is commonly accepted that 3% of Canadians will experience a psychotic episode with approximately 50% of these individuals having developed the illness during adolescence. Some studies have found prevalence rates of psychosis in youth up to 14%.

FRAMING THE ISSUE

a) Alarming suicide rates among Canadian youth living with psychosis or schizophrenia

Suicide is a major cause of death among people who develop a psychotic illness, including schizophrenia. Individuals are particularly susceptible to incidences of self-harm during the period between the start of symptoms and treatment. Recent studies show that over 18% of individuals who have experienced psychosis for the first time had self-harmed or attempted suicide before starting treatment. In addition, 5% to 10% of people living with schizophrenia die by suicide. A further 20% to 40% of individuals living with schizophrenia make suicide attempts.

In Canada, suicide is the second-leading cause of death among 15- to 24-year-olds, and for people in this age range living with schizophrenia, the risk is much greater. Geographic inequity in the services available across the country compounds the issue.

Individuals living in rural and northern areas often face a shortage of health care support systems, professionals, self-help tools or peer-support programs, in addition to economic challenges that can undermine a sense of personal control. First Nations youth are five to seven times more likely to die by suicide than non-Indigenous youth, while suicide rates for Inuit youth are 11 times the national average.

b) Need for innovative, user-led, accessible interventions in programs and services

Services and other clinical points of care often deliver a limited range of responsive and appropriate interventions that are tailored to individual users and community needs. Research shows that timely and successful interventions require more user-centred care. This points to the need for more supports that are driven – in their design and development – by people living with psychosis or schizophrenia and their family members/caregivers.

Creating tailored interventions to increase the range of options for youth and young adults as part of a sustainable system of supports will help individuals living with schizophrenia and other psychotic illnesses to achieve good health and quality of life, and ultimately to reduce incidences of suicide deaths. This holds especially true for youth and young adults in areas with limited access to health and social services.

This prize ultimately seeks to take user-involvement to the next level to tailor supports that are rooted in evidence, that can be applied in the real world, and that enhance the effectiveness of traditional treatments and services.

c) Need for greater focus on low-cost and impactful solutions

Cost-effective, informal and impactful community-based interventions can build community capacity to respond. Peer-support programs, for example, decrease social isolation, providing therapeutic supports by people “who’ve been there”. Peer support has been shown to reduce hospitalizations, to help develop personal resourcefulness/self-belief, and ultimately to improve lives.

Organizations that support family members/caregivers and help them to provide the best environment for youth and young adults living with psychosis or schizophrenia can also be valuable, yet they tend to receive little provision for infrastructure federally, provincially or locally. Similarly, family members/caregivers fill gaps for the social budget, often covering housing, food, transportation and other expenses to make up for inadequate social services and benefits. Caregiving is effective in decreasing rates of hospitalization and involvement with the criminal justice system. This is particularly relevant for schizophrenia, which represents the largest hospital, physician, prescription medication and psychiatric costs compared to other mental illnesses. Despite this reality, though, caregiving receives little recognition and investment.

THE RESEARCH CHALLENGE

Funded by:

*Mental Health Research Canada (MHRC) &
The Institute for Advancements in Mental Health (IAM)*

How might we reduce incidences of suicide deaths among youth and young adults living with mental health issues with an emphasis on psychosis or schizophrenia in areas of Canada with limited access to health and social services?

The research challenge is to *enhance an existing support/prototype*. Applicants must be seeking to either evaluate their support or further build out their prototype. Your support/prototype must:

- a) Focus on the reduction of incidences of youth suicide with an emphasis on individuals living with psychosis or schizophrenia.
- b) Employ an innovative approach that directly involves youth and young adults and family members/caregivers in shaping or modifying the design of a technological or non-technological solution.
- c) Be either evaluated for its effectiveness and consequently its applicability if it is an early-stage support OR built out if it is an early-stage prototype.
- d) Be scalable.

Note: Supports are tangible ideas that are in early-stage build in the form of a product, service, program or intervention – either technological or non-technological.

Teams must use “design-thinking” tools and a “co-creation” model. Design thinking is creative problem-solving that uses a human-centred approach to innovation. Co-creation is an approach that allows a wide range of people – with lived experience – to contribute to the support’s development. Among other things, it enables improved knowledge of the end user’s needs.

ARE YOU ELIGIBLE TO APPLY?

Individuals: You are eligible to apply if you live in Canada **AND** if you are a landed immigrant or Canadian citizen who:

- Has a relevant background that aligns with the research project’s goals; **and/or**
- Has a postgraduate degree; **and/or**
- Is affiliated as an innovator or research coordinator at a Canadian university, research institution, community-based NGO or private-sector organization; **AND**
- Can assemble a diverse innovation team that includes people with lived experience and/or family members/caregivers.

Organizations: You are eligible to apply if your organization has relevant experience in the field, **and**

- Can assemble a diverse innovation team that includes people with lived experience and/or family members/caregivers.

LEAD INNOVATOR & COMPOSITION OF YOUR TEAM

Creating an outcomes-focused approach or program model requires a diverse innovation team. Central to any team is a lead innovator, people with lived experience and/or family members/caregivers. Applicants may also consider involving health care providers, individuals and community organizations, as well as other researchers and possibly entrepreneurs. The emphasis should be on bringing together a group who can evaluate or build on an early-stage existing support/prototype to address the research challenge.

HOW MUCH IS THE PRIZE?

Depending on the proposals received, one grant of \$100,000 may be awarded, or two grants of \$50,000.

WHAT IS THE TERM OF THE PRIZE?

The timeframe is 12 months; up to 18 months for exceptional circumstances.

HOW DO YOU APPLY?

Visit the website of Mental Health Research Canada (www.mhrc.ca) to apply via a Submittable portal. There are two stages to the grant:

1. *First Stage: Letter of Intent*

The lead innovator submits a Letter of Intent and uploads a 1- to 2-page resume. The Letter of Intent is a maximum of 1,200 words and should be written in plain language. It will present the problem statement, issues, approach and support/prototype and include the following:

- The support/prototype that will be used as a starting point (can be in early form requiring supports for an evaluation and/or a full build of a support/prototype to further refine and test with end users).
- The evidence and data gathered that led to and demonstrate the need for the proposed early-stage support/prototype.
- The processes by which the support/prototype will be shared with relevant stakeholders in communities and modified to fit their circumstances.
- Preliminary ideas regarding implementation.
- Preliminary thoughts on how outcome information/data will be gathered, analyzed and shared.
- Basic timelines and milestones for your project's completion within a year.
- Possible conflicts of interest (work, etc.).

PLEASE NOTE: The lead innovator, in preparing his or his application, must be able to identify at this stage at least some of the individuals who will participate in his or her innovation team, including people with lived experience and/or family members/caregivers. (If needed, IAM can connect the lead innovator to people with lived experience and/or family members/caregivers to ensure representation.)

An independent Advisory Group, members of which will be jointly selected/approved by MHRC and IAM, will assess the Letters of Intent and invite only a selection of candidates to submit a Full Proposal to complete the second and final stage.

2. *Second/Final Stage: Full Proposal – by invitation only*

Full Proposal Requirements:

- More information will be available to those who will be selected to submit a Full Proposal but, in general, the following will be required:
 - Project description
 - Plain language statement (if your Letter of Intent is written in “research” language)
 - Project summary and relevance statement
 - Budget and budget justification
 - External references (3)
 - Statement on project or concurrent funding
 - Proof of Canadian citizenship or landed immigrant status

Team Membership Requirements:

- The innovation team **must** represent people with lived experience and/or family members/caregivers to reflect the research project’s human-centred design. (If applicants need help ensuring representation, IAM can connect the lead innovator to people with lived experience and/or family members/caregivers.)
- Teams can reflect the scope/nature of the design idea, so membership, for example, could include a policymaker and/or a digital/IT entrepreneur.

EVALUATION CRITERIA FOR LETTER OF INTENT

The Advisory Group will consider the following:

- The research and discovery that demonstrate the need for the proposed support/prototype.
- The existing early-stage support/prototype as a starting point aimed in whole or in part at reducing incidences of suicide deaths.
- The process(es) used for sound evaluation (e.g., testing and iteration); methodology(ies) and approach(es) in place to produce credible results.
- Description of processes and steps that engage and include youth, family members/caregivers and community organizations in target communities to review and shape the support/prototype to reflect their needs before rolling out the support/prototype and measuring impact(s).
- All submissions must include the input of youth and young adults and family members/caregivers *before* roll out and must be shaped, refined and modified following a *field test* with *end users*.
- Innovative examples such as the creative use of peer support or other approaches that tap the lived experience of youth and young adults, family members/caregivers and possibly other community members.
- Inclusion of practical solutions that can be scaled to other communities.
- Composition of the proposed team that will carry out the project.
- Demonstrates how knowledge will be synthesized and shared among communities to foster a knowledge exchange network.

REPORT BACK

There will be multiple check-ins at various points with MHRC and IAM, as well as a requirement to report back on the evaluation findings and key outcomes.

WINNING SUBMISSION(S)

MHRC and IAM will provide guidance for high-level design evaluation approaches and methods. It is expected, however, that the team(s) will provide a description of their design process and methods.

INTELLECTUAL PROPERTY

All rights to any inventions and/or research lie solely with the applicant. Neither MHRC nor IAM possess ownership of, or equity in, the winning submission.

About Mental Health Research Canada (MHRC):

MHRC is a national, charitable organization that is dedicated to improving the lives of the one in five Canadians – over 7 million people – living with mental illness. The impact is profound: mental illness affects their physical well-being, their relationships with family and friends, and their ability to work. MHRC is here to change that. We fund and generate mental health research that is problem-solving, cost-effective and usable in the real world, transforming treatments and prevention in creative and collaborative ways. We are building on the 55-year legacy of our predecessor organization, the Ontario Mental Health Foundation, which had invested \$34 million to fund 332 mental health research projects over a 10-year period. Because we are committed to building knowledge that will have practical application and deep impact, we begin with those who will use it – people with lived experience. We also consult and partner with other stakeholders, including other mental health organizations, social agencies, entrepreneurs, business and government. We funded 10 innovative research projects over the last year. www.mhrc.ca

About the Institute for Advancements in Mental Health (IAM):

IAM is focused on redesigning society for better mental health. IAM aims to redesign the way we approach mental health in our communities through bringing entrepreneurs, design experts and innovators together to make the quality of life better for people with mental illness. IAM works with partners in the corporate, research and health sectors to co-design creative solutions to support people in our communities who live with mental illness and to tackle gaps in current mental health supports. IAM is a bold effort to stimulate a culture of innovation in the mental health sector, redefine public discourse about mental health and wellness, and complement the existing breadth of research with a focus on applying solutions in the marketplace. IAM occupies a unique position within the mental health sector by its ability to offer niche market solutions that can improve the lives of people. IAM is based in Toronto but will operate in scope and spirit with a global orientation. IAM operates as part of the Schizophrenia Society of Ontario. www.iamentalhealth.org

About the Schizophrenia Society of Ontario (SSO):

SSO is dedicated to making a positive difference in the lives of individuals, family members and communities affected by schizophrenia and psychotic illnesses. It is a province-wide charitable organization that was founded in 1979 by Bill and Dorothy Jefferies to build awareness of serious mental illnesses and to support family members and individuals living with these illnesses. Today, SSO provides a range of support services; education initiatives; awareness, information and knowledge-building programs; advocacy; and youth-oriented programming; in addition, mental health research has been a long-standing priority for the organization. www.schizophrenia.on.ca