

# MHRC’s Research Strategy

## Background & Context

Mental Health Research Canada (MHRC) advances mental health research that is targeted, relevant and useful to the field because it is stakeholder-driven. Stakeholders are people with a direct interest in the knowledge developed by researchers. They could be organizations, groups or individuals. People with lived experience, families and caregivers, the research community, donors and funding sources, community groups, and governments are examples of stakeholders.

We work with stakeholders to understand their specific research needs and then distill these into action plans that will be reviewed annually. Our approach underlines the importance of supporting research that meets expressed needs and that is led by people embedded in the contexts in which results can be used. Putting stakeholders at the centre of the process generates research that develops useful knowledge that can be applied in the real world.

All projects are put through a collaborative process that ensures sound research methods including thorough dissemination and follow-up. As part of this approach, MHRC works to build the human resource research capacity needed in the field to fulfill its vision. MHRC is committed to funding research that begins with the end user and will have impact in the real world.

Failing to use this approach leads to waste in the use of research resources.

## OUR STAKEHOLDERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations, groups and/or individuals who have an interest in mental health research and with whom we work to achieve our vision of a Canada with the best mental for all:</td>
<td></td>
</tr>
<tr>
<td>a. People with lived experience –</td>
<td>people who have or have had mental illness.</td>
</tr>
<tr>
<td>b. Families and caregivers –</td>
<td>people directly impacted in the care and support of those living with mental illness.</td>
</tr>
<tr>
<td>c. Research community –</td>
<td>researchers, institutions, associations, centres and hospitals.</td>
</tr>
<tr>
<td>d. Donors and funding sources –</td>
<td>those who help fund the research of MHRC, including individuals, groups and corporations.</td>
</tr>
<tr>
<td>e. Community groups –</td>
<td>the ecosystem that supports those impacted by mental illness, including non-governmental, grassroots organizations that serve diverse community groups, especially underrepresented ones.</td>
</tr>
<tr>
<td>f. Marginalized groups –</td>
<td></td>
</tr>
<tr>
<td>g. Governments (federal, provincial and local) –</td>
<td>an important stakeholder at all levels that requires MHRC to furnish periodic reports of various kinds and, in return, provides benefits such as tax exemptions, tax deductions and government grants.</td>
</tr>
<tr>
<td>h. Uniformed services –</td>
<td>may or may not be funders; may include foundations and public service organizations such as the RCMP.</td>
</tr>
</tbody>
</table>
The diagram below, taken from The Lancet (an online family of peer-reviewed medical journals), expresses the problem.


Avoidable waste in the production and reporting of research evidence:

- **Iain Chalmers, DSc**
- **Prof Paul Glasziou, RACGP**

Published: June 15, 2009 DOI: https://doi.org/10.1016/S0140-6736(09)60329-9

Mental health research is no exception to these issues.

There are multiple sources of bias including the influence of the pharmaceutical industry, ethnic and cultural biases, and gender biases. The result is a lack of research that reflects the real-world priorities of stakeholders.
One in five Canadians will experience mental health problems in any given year that will ripple through their life, affecting loved ones, caregivers and communities.¹

By 2030, depression will be the leading contributor to the burden of disease globally.²

There are groups who face greater risk of mental health issues due to social determinants of health (such as discrimination and poverty) and are often underrepresented in research. For example: LGBTQ+ youth face greater risk of suicide and substance abuse; First Nations youth are 5 to 7 times more likely to die by suicide than non-Indigenous youth; and suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.³

The economic costs of mental illness in Canada – health care spending and lost productivity – were estimated at a minimum of $50 billion per year. This cost doesn’t include other considerations such as the impact on health-related quality of life, which the same study estimated at being an additional $28 billion.⁴

In any given week, at least 500,000 employed Canadians will miss work due to mental health problems.⁵

A significant proportion of mental health research is not used, and knowledge dissemination is limited.

Finally, and most importantly, it is the human cost of mental illness – the distress and toil it takes on individuals, families and communities – that warrants emphasis.

These are disturbing realities and major challenges. They underline the need to focus mental health research in the most efficient and effective ways possible.

Fortunately, these negative factors are balanced by positive developments that can support change.

Today, more and more people with lived experience are part of the process, not just passive recipients of care but active participants in the research and care they receive.

Many other stakeholders are also ready and able to play a larger role in deciding and determining research priorities.

In Canada and globally, mental health is becoming a priority with key stakeholders such as governments, employers and public interest groups. There is a window of opportunity for mental health research to blossom.

There is a trend toward more co-operation among researchers, community groups, people with lived experience, and government.

**MHRC’s Research & Knowledge Development Model**

The purpose of the MHRC model is to move stakeholders to the centre of the research process and to build the human resources needed to advance the research sector. The diagram below illustrates the steps in our model.
In funding research, MHRC is stakeholder-driven and distills its action plans from stakeholder priorities. MHRC follows a collaborative process that delivers sound research methods and thorough dissemination and follow-up.

Central to all the steps below is the role of people with lived experience. They are critical members of the stakeholder group, but their role goes beyond this. Projects considered by MHRC recognizes the role of people with lived experience in being part of setting priorities, choosing methods and analyzing results. This applies to all projects, regardless of which stakeholder group is determining the research priority.

**A. Stakeholder-Driven**

The MHRC research and knowledge development strategy is stakeholder-driven. This means we partner with diverse stakeholders – organizations, groups and individuals – to determine research priorities. Our stakeholders are involved at the start of the research process to ensure that projects achieve relevant and meaningful outcomes. When stakeholders have existing protocols and processes for research that involves their communities, MHRC respects these.

MHRC reaches out to stakeholders on a regular basis. We also reach out to underrepresented groups to ensure equitable representation. Our focus is on leading a collaborative process, not choosing research topics directly. This addresses the number one issue with current research – that much of it is not used. **OUR MESSAGE: if you want to build useful knowledge, begin with the people who will use it.**

**B. MHRC Research Action Plans**

MHRC distills the knowledge priorities of stakeholders to establish research action plans and reviews these annually. Not all priorities can be dealt with at once, so we consult with stakeholders to identify where we can have the greatest impact, add the most value, and play a coordinating role. **OUR MESSAGE: we focus our resources on what is most important to stakeholders.**

**C. MHRC’s Collaborative Selection Process**

Through our collaborative selection process – which involves both stakeholders and experts in research – we choose which projects to fund. The result: projects that deliver research excellence and are relevant to the needs of knowledge users. **OUR MESSAGE: we choose our projects based on advancing useful knowledge.**
D. Sound Research Methods

Through our rigorous peer review process, MHRC uses sound research methods to achieve relevant outcomes. **OUR MESSAGE:** we ensure resources are used efficiently, and meaningful, valid outcomes are achieved.

E. Thorough Dissemination & Follow-up

MHRC requires thorough dissemination and follow-up of its research projects to assess their impact. Many research funders now support dissemination activities, but MHRC takes this one step further to ensure we assess the impact at the end-user level. This is achieved by building follow-up funds into the grants we approve, as well as by MHRC itself engaging in follow-up investigations. **OUR MESSAGE:** we need to know what works to move the field forward.

---

**Building Human Resources Capacity in Mental Health in Canada**

We need to understand the gaps that exist in the mental health sector and use this knowledge to develop a strategy to help build capacity in Canada. MHRC’s projects are integrated in the sense that research leaders are encouraged to build student learning opportunities into project design and to give priority to students who will fill gaps in the current human resources landscape. For example, a project on Indigenous communities’ approaches to healing could provide opportunities for Indigenous students to learn research methods and pursue careers. MHRC will support these students.

**OUR MESSAGE:** we help build the human resources to develop the knowledge that reflects the interests and needs of Canada’s diverse communities.

---

For more information, visit

www.mhrc.ca