# Learning Health System Network
# For Early Intervention in Psychosis

*A Pan-Canadian Initiative Funded by the Graham Boeckh Foundation and Waverley House Foundation*

*August 2026*

## Introduction from the Graham Boeckh Foundation

In April 2026, the Graham Boeckh Foundation (GBF) issued a call for proposals for a planning and engagement grant for learning health systems (LHSs) in early psychosis intervention (EPI). The grant application that the Foundation received was reviewed by a panel of experts that included expertise in mental health services and EPI, provincial health care policy, LHSs and family lived experience.

We are pleased to announce that the grant was awarded to a team with representation from multiple provinces and academic institutions. The grant is jointly funded by the Graham Boeckh Foundation and Waverley House Foundation, and it provides$200,000 over a two-year period. The senior leaders of the project team are:

- Dr. Manuela Ferrari (Nominated Principal Investigator)
- Dr. Amal Abdel-Baki
- Dr. George Foussias
- Dr. Srividya Iyer
- Dr. Nicole Kozloff
- Dr. Phil Tibbo
- Nicola Otter and Dr. Howard Margolese with EPI Canada are Principal Knowledge Users.

Below, we provide a public summary of the application that was written by the project team.

# Project Summary

## Background: Early Intervention and Learning Systems

Early Psychosis Intervention (EPI) is the gold standard model for treating people in early stages of psychosis and is recommended by the Canadian Psychiatric Association in their guidelines. EPI programs have helped transform service delivery by reducing barriers to care, providing open referral policies and promoting rapid access to treatment. They also avoid disruptive transitions between child and adult services and offer the best evidence-based pharmacological and psychosocial interventions aimed at patient recovery early in the course of illness (e.g., family interventions, employment and education support, cognitive behavioural therapies,

peer support). EPI has strengthened engagement, continuity of care, and recovery outcomes for individuals with psychosis.

In recent years, EPI programs have expanded across Canada, supported by fidelity approaches for monitoring service performance. Provincial guidelines in several regions have further supported a growing national movement toward more accessible, recovery-oriented, equitable, and youth-friendly services. However, current EPI delivery and data collection remain fragmented across jurisdictions, which limits our ability to leverage cross-regional insights and realize the full potential of a unified Learning Health System (LHS). Transitioning to a pan-Canadian LHS would not only bridge these structural gaps but also unlock transformative opportunities to enhance fidelity, bridge practice-evidence gaps, optimize personalized treatment planning and improve outcomes.

A Learning Health System (LHS) leverages continuous data collection and real-time feedback through secure digital platforms, enabling ongoing learning and innovation through integrated knowledge exchange activities that address needs identified within the system. This cycle of data, feedback, and learning supports continuous quality improvement and promotes evidence-based care that is equitable and responsive to patients' evolving needs. Successful implementation of an LHS for EPI services in Canada requires the development of governance structures that ensure accountability, equity, evidence-based practice, and high-quality care, while also fostering innovation at both the local and national levels.

## Project Outline

Building on the expertise and lived experience of our multi-jurisdictional, multi-knowledge user team, this project will meet the deliverables and reporting requirements outlined in the call for proposals by engaging with local, provincial, and territorial partners, people with lived experience and their families, clinicians, researchers, and Indigenous communities. We propose a 3-phase project:

1. Conducting a National Landscape Mapping of Canadian EPI services to assess their readiness, capacity, and needs related to implementing a pan-Canadian LHS, including data infrastructure;

2. Engaging key partners in Network Design by leveraging information from the mapping exercise to collaboratively develop a governance and implementation model for a national EPI-LHS network. Clinicians, researchers, policymakers, EPI service users, families, and Indigenous partners will actively participate in consensus meetings to co-design the pan-Canadian EPI-LHS network, including a comprehensive partnership plan;

3. Building on our previous work, consolidating the Vision, Design Framework, and Roadmap Development for the EPI-LHS Network during an in-person event in Montreal that will produce a shared pan-Canadian vision and strategic roadmap for the new EPI-LHS, including a phased sustainability strategy, funding and investment framework, and recommendations for long-term system transformation and impact.

Our outstanding team members, are experts in EPI, implementation science and LHS, and include nationally and internationally recognized leaders, individuals with lived experience, and representatives from multiple provinces, strengthening our national reach. EPI Canada will provide essential support for many activities outlined in the proposal, engaging its nationwide membership to support the mapping exercise, foster partnerships, and contribute to coordinated events aimed at consolidating a shared vision and roadmap for future EPI programs. Team members will contribute complementary expertise in service delivery, fidelity

measurement, data systems, digital platforms, rural care, and other areas, having led major initiatives, such as implementation of the province-wide SARPEP LHS and NAVIGATE, a National Workshop Agreement to support Early Psychosis Intervention Guidelines, and the first Canadian consensus conference (Montreal, 2023) that defined standards for a national EPI-LHS.

## Conclusion

In brief, this project will lay the foundations for a pan-Canadian EPI-LHS, delivering a clear vision, a 3–5-year roadmap, and an implementation/sustainability framework. Proposed activities will generate a comprehensive understanding of current Canadian EPI services and their jurisdictional capacity for implementation, identifying opportunities for alignment and scale-up. Through broad engagement, we will co-develop a coordinated governance and network model, define core LHS principles, and establish a data and research integration strategy to support continuous learning. The project will strengthen national harmonization and standardization efforts and strengthen Canada's position as a world leader in equitable, evidence-informed EPI care.