

Improve access to mental health and suicide prevention services for the English-speaking population of the Capitale-Nationale region



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For the Centre of Expertise on the Adaptation for English-speaking Communities in Health and Social Services (CE-ACCESS)

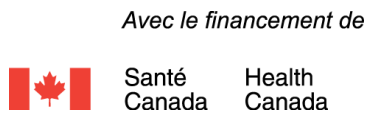


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Disclaimers

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Finally, credit for the image used on the cover page goes to Dio Hasbi Saniskoro for his photo found on [Pexels](#).

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Executive Summary

This report aims to examine the challenges and barriers that the English-speaking population of the Capitale-Nationale Region faces in accessing mental health and suicide prevention services. To ensure a current representation of the reality faced by our target population, we opted to use the geolocation model developed throughout the Geodata project. This allowed us a real-time investigation of the services requested by the English-speaking population and ensure a reliable portrait of their needs.

To accurately describe the challenges faced by the English-speaking population in accessing mental health and suicide prevention services, interviews were conducted with several stakeholders, and key messages are presented in the relevant sections of this report. In addition, following the internal interviews with key personnel, several personnel from other regions of Quebec were engaged to share initiatives and models used to address similar challenges faced by the English-speaking population in their region. This allowed us to directly compare the region covered by the CIUSSS de la Capitale-Nationale and other regions of Quebec.

To complement the research conducted in the province of Quebec, an extensive literature review was undertaken to explore initiatives and models used in other countries where, like Canada, there is more than one official language. Finally, we examined official initiatives aimed at other minority populations (i.e., immigrants and refugees).

Based on the above, we conclude this report with several actionable recommendations for the Capitale-Nationale region on improving access to mental health and suicide prevention services for the English-speaking population.

Project description and methodology

This project was funded by supplementary funds from the 2021-2022 Adaptation Project distributed by the Community Health and Social Services Network (CHSSN). Given the connection between our original adaptation project and mental health, the current project aims to:

1. Assess the challenges the English-speaking community faces in accessing mental health and suicide prevention services and develop a strategy to address the barriers encountered.
2. Develop a strategy to meet current needs.

The main objective of this project is to conduct an in-depth analysis and identify current challenges in the Capitale-Nationale region, as well as to provide recommendations on future actions to improve access to mental health and suicide prevention services for the English-speaking population. We have chosen to explore the different models adopted in regions other than the Capitale-Nationale that aim to overcome similar barriers. Finally, we propose exemplary practices and alternatives to address the specificity of the situation in the Capitale-Nationale. Overall, we believe this project will be of great value given the current situation due to COVID-19 and the burden of the pandemic on the mental health of minority populations.

This project uses a variety of approaches to achieve its main objectives. Semi-structured interviews were conducted with staff from Jeffery Hale Community Services in English, two different community organizations in Quebec City, and colleagues working in other CISSS/CIUSSS in the province of Quebec. An extensive literature review with the keywords: mental health, suicide prevention, minority populations, Belgium, Switzerland, was carried out on Google Scholar and online.

Geodata Methodology

This report also contains information on the utilization of mental health-related services provided by Jeffery Hale Community Services in English (SCLA) health professionals. The data used for this summary analysis, included in this report, was provided by the SCLA Geodata project, a project funded by Health Canada.

The SCLA is a regional English-language health service provider that fulfills the role of a local community health service within the larger regional health structure administered by the CIUSSS de la Capitale-Nationale. The research initiated here focuses on the use of mental health services by populations accessing English-language health services related to mental health.

The main objective of this research is to provide an overview of the main characteristics of four mental health services offered by the SCLA health professionals operating in the territorial networks of health and social services (RTS) of the Capitale-Nationale. Secondary data for this study was obtained from the iCLSC user health services data system administered by the RAMQ (Régie de l'assurance maladie du Québec). The data were extracted, geocoded, cleaned, and anonymized according to the SCLA anonymization protocol. This anonymization protocol was developed as part of the Geodata dissemination project to meet the requirements of section 19.2 of the Quebec government's [Act respecting health services and social services](#). The anonymization process ensures a high level of confidentiality, geoprivacy, and allows the dissemination of analysis results.

This summary analysis focuses on four mental health-related services/acts provided by SCLA and covers a two-year period, from April 1, 2019, through March 31, 2021. The two-year period was initially selected because it was of immediate interest to the Geodata SCLA project and covered the most recent fiscal years (2019 and 2020). However, after the project was initiated, it became apparent that the dates selected coincided with the pre-pandemic period and the first year of the SARS-CoV-2 (COVID-19) pandemic. Therefore, this was considered an opportunity to compare pre-pandemic mental health service use with service use during the pandemic.

The four mental health-related services in the database constitute 9,671 health service acts performed by SCLA health professionals between April 1, 2019 and March 31, 2021. These 9,671 health service acts represent approximately 60.7% of the total 15,935 health service acts provided by SCLA in the Capitale-Nationale RTS during the two-year study period.

Mental health-related service acts in the SCLA data model are divided into the following four categories:

- i. 5910 Psychosocial services for troubled youth and their families
- ii. 5930 Outpatient mental health services on the front line
- iii. 5940 Community supports for people with serious mental illness
- iv. 6560 Psychosocial Services

These data will be compared between the two years and between three age groups (0-17, 18-54, and 55 years and older) by gender for each of the two years.

Comparisons between health service acts in the two years will be made using two indicators. First, data on health service utilization will be compared in terms of the percentage share of all services provided. This indicator is comparable across areas and periods that measures the relative importance (percentage share) of specific health services compared to all services offered. The study also uses a percentage change

indicator to measure the relative increase or decrease in health service acts between the pre-pandemic and the pandemic period.

Upcoming comparative analysis

The SCLA active health service offer was also objectively compared to the Francophone service offer using three major mental health-related service acts (5930, 5940, and 6560) compare to a base of five acts (see below for more details on these acts). This comparative data analysis will be available in the future. The data acquired and processed to date will be compared to the utilization of health services in the francophone services of the CIUSSS de la Capitale-Nationale using a comparison base between the utilization of SCLA services and that of the CIUSSS de la Capitale-Nationale as a whole for five acts of service, including three acts of service in mental health.

A sample of five service acts, including three mental health service acts (5930, 5940, and 6560), were extracted from the entire population served in French by the French-language health services of the CIUSSS de la Capitale-Nationale health region. These five service acts (5930 Outpatient mental health services on the front line, 5940 Community supports for people with serious mental illness, 6170 Home nursing, 6560 Psychosocial services, 7160 Occupational and physical therapy at home) were used as a surrogate standard to show the relative share of mental health services compared to the SCLA service utilization data. This surrogate standard was used to compare the SCLA health service utilization pattern to the health service utilization pattern of most of the francophone population. The study uses a sample of five service acts from the entire CIUSSS de la Capitale-Nationale population. These five acts of service total 1,562,194 individual acts of service. Of these five service acts, three mental health service acts total 633,649 acts comparable to SCLA's mental health service acts. See Appendix 1 for the tables of the number of health service acts and the number of users for the SCLA and the CIUSSS de la Capitale-Nationale.

Mental health: Why is it important?

Mental health includes our emotional, psychological and social well-being. It is consequently a key determinant of how we think, feel and act. In addition, mental health affects how we deal with stress, relationships with others and decision-making. Therefore, it is paramount at every stage of life, from childhood and adolescence to adulthood (WHO, 2018).

Several different factors contribute to mental health, including:

- Biological factors, e.g., genes or brain chemistry
- Life experiences, e.g., trauma or abuse
- Family history of mental health problems

Mental and physical health are intertwined and equal components of overall health and well-being. A correlation between mental health and physical health problems has been observed. Specifically, depression increases the risk of several physical health problems, particularly long-term conditions like diabetes, heart disease and stroke (Doherty & Gaughran, 2014). Similarly, chronic conditions can increase the risk of mental illness (NIH, 2021).

It is important to note that this report is produced in the context of the COVID-19 pandemic. Many of us have experienced grief, isolation, loss of income, fear and other distressing situations that can serve as triggers for many mental health disorders or exacerbate existing ones. In addition, due to poor mental health, some may experience increased substance use, insomnia and anxiety. This leads to a vicious cycle that deteriorates the mental health and general well-being of an individual and, consequently, of the general population.

Since the onset of this crisis, many researchers, health professionals and stakeholders have expressed concern that confinement, social isolation, economic hardship, and an overburdened health and social services system could lead to a deterioration in the mental health of the global population. This, coupled with the disruption of mental health services during COVID-19 (WHO, 2020), could lead to a general loss of hope in the population and long-term mental health problems.

Additionally, COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation and stroke. Individuals with pre-existing mental, neurological or substance abuse disorders are also more vulnerable to SARS-CoV-2 infection and may be at higher risk for severe consequences (Galea et al., 2020; Giuntella et al., 2021).

Although often overlooked, mental health is an important component of an individual's overall well-being and a healthy and productive society. In addition to the human aspect of mental health and its impact on an individual's life, we must also consider the financial

burden of poor mental health. One in five Canadians suffers from a mental illness or addiction in any given year. In addition, one out of two Canadians over the age of forty has - or has had - a mental illness (Smetanin et al., 2017). The economic burden of mental illness in Canada, which includes health care costs, lost productivity and reduced health-related quality of life, is estimated at \$51 billion annually (Lim et al., 2008; Smetanin et al., 2017).

Given the importance of mental health, access to relevant services is of critical importance to the general population and any minority population that may face additional challenges. For this specific report, we focus on the linguistic minority population (English-speaking population) in Quebec City. However, we believe that future reports and research should also focus on other groups, such as racial or ethnic minorities, to reveal barriers and recommend solutions for improving access to mental health services and suicide prevention for various vulnerable populations.

The English-speaking population of Quebec City is a very active, dynamic, and diverse population that includes many racial and ethnic groups. These groups have in common that they are more comfortable expressing themselves in English than in French. Immigrants, newcomers, and refugees face several issues that can affect their mental health and general well-being. As identified in the interviews conducted for this study, some of these problems are: integration into Quebec society, access to the labor market, and understanding of access to health and social services.

Access to health and social services in the preferred language creates a sense of comfort and trust between the service user and the health care professional. This is the beginning of service personalization, which, especially in the mental health context, can significantly impact the final outcome of an intervention.

As described in relevant studies, bilingual individuals often demonstrate greater fluency in one language than in the other (Boudreau et al., 2008). However, it cannot be assumed that a person proficient in a second language is necessarily able to express him/herself at the same level of proficiency as a native speaker of that language. This becomes more evident when a user is distressed, trying to explain emotions, or analyzing/interpreting life events (Castaño et al., 2007).

Given the importance of language barriers in accessing mental health services and the fact that minority populations faced additional challenges in accessing these services during the COVID-19 pandemic (Kapilashrami & Bhui, 2020; Lopes & Jaspal, 2020; Moore et al. 2021; Smith et al., 2020), it is critically important to allocate resources to ensure that Quebec's linguistic minority population has adequate access to mental health and suicide prevention services.

Mental health profile of the Quebec province

a. General population

The Institut national de santé publique du Québec (INSPQ) has conducted surveys and research on the physical and mental health of the population in the province of Quebec. In some of the published reports, the language component is included, providing additional information on the overall well-being of the general population and linguistic minority populations.

We will first briefly present the mental health profile of the general population in the province of Quebec and then focus on the mental health profile of linguistic minorities. Please note that these data were obtained before the COVID-19 pandemic and, therefore may not be an accurate representation of the current profile of the two populations. Nevertheless, we include the most recent publicly available relevant data. If you are interested in learning more about the mental health of the population in the province of Quebec, please follow the INSPQ website as relevant data for 2020 and 2021 are being analyzed, and reports will be available later this year.

Between 2009 and 2014 (Statistics Canada, 2016b), more women than men regularly consulted a health professional about their emotional or mental health (Figure 1).

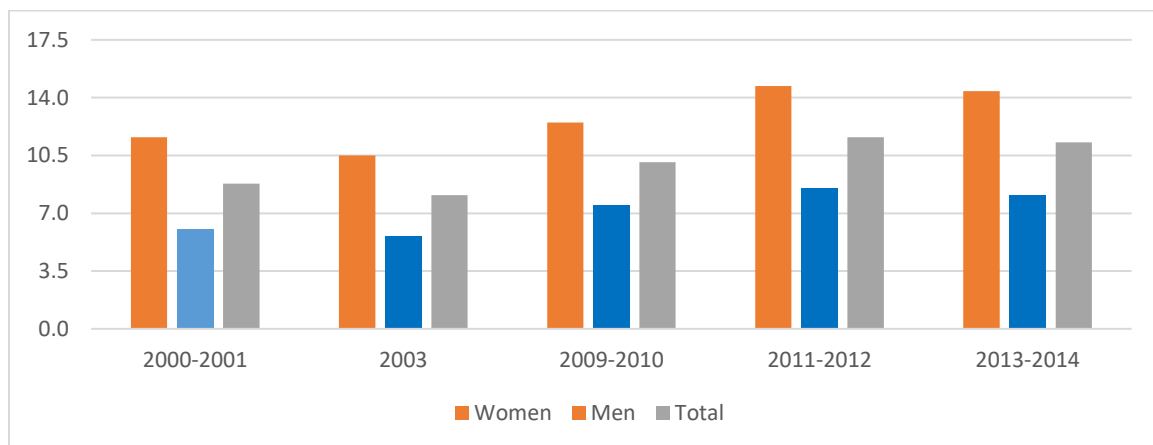


Figure 1 : Changes in the proportion of people aged 12 and over who consulted at least one health professional about their emotional or mental health, by sex, Quebec, 2000-2001, 2003, 2009-2010, 2011-2012 and 2013-2014. Adapted from Statistics Canada, 2016.

The province of Quebec faces challenges in meeting the general population's needs (Institut de la statistique du Québec, 2010). According to 2002 data, more than half (55.5%) of women aged 15 and older with unmet mental health needs reported needing relationship therapy, 6.1% reported needing help with financial problems, and 36.2% reported needing information about emotional problems (Figure 2). In the same year, nearly half of men aged 15 years and older with unmet mental health needs reported needing relationship therapy (47.5%) or information about emotional problems (47.6%).

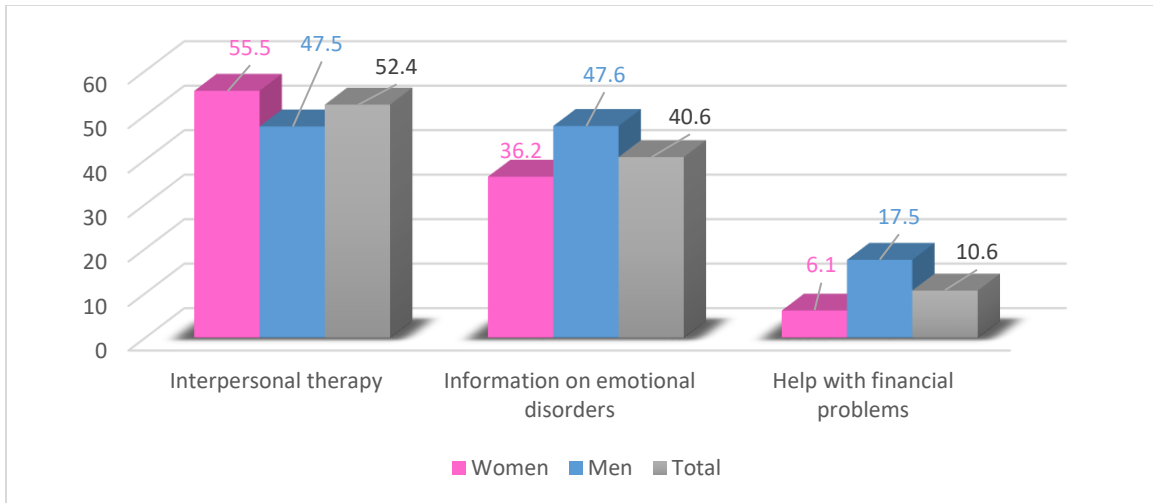


Figure 2 : Proportion of people aged 15 and older with an unmet need for mental health assistance, by type of assistance required and sex, Quebec, 2002. Adapted from Institut de la statistique du Québec, 2010.

This situation worsened during the COVID-19 pandemic. According to a recent article by Radio-Canada, in 2020-2021, approximately 19,200 people were waiting for mental health services in Quebec. In 2021-2022, the Ministère de la Santé et des Services Sociaux (MSSS) predicts that there will be 15,800 in this situation. In addition, calls to the 8-1-1 helpline increased by almost 40% in November 2021, compared to the same month in 2019, and by 39% last December compared to the same period two years earlier (Valérie Gamache, 2020).

In 2012, in Quebec, 12.2% of respondents aged 15 years and older reported having suffered from major depression in their lifetime, 2.2% from bipolar disorder and 13.2% from a mood disorder (Statistics Canada, 2013) (Figure 3). A higher percentage of women experience major depression and mood disorders, while gender differences are less evident for bipolar disorder (Figure 3). Specifically, in 2012, 15% of women aged 15 years and older had experienced major depression, 2.1% had bipolar disorder and 15.8% had a mood disorder. In contrast, 9.3% of men aged 15 years and older had experienced major depression in their lifetime, 2.3% had bipolar disorder and 10.5% had a mood disorder.

These findings are consistent with studies showing that major depressive disorder (MDD) affects women approximately twice as often as men (Seney et al., 2018). Additionally, women are three times more likely to have atypical depression, hypersomnia and weight gain (Seney et al., 2018).

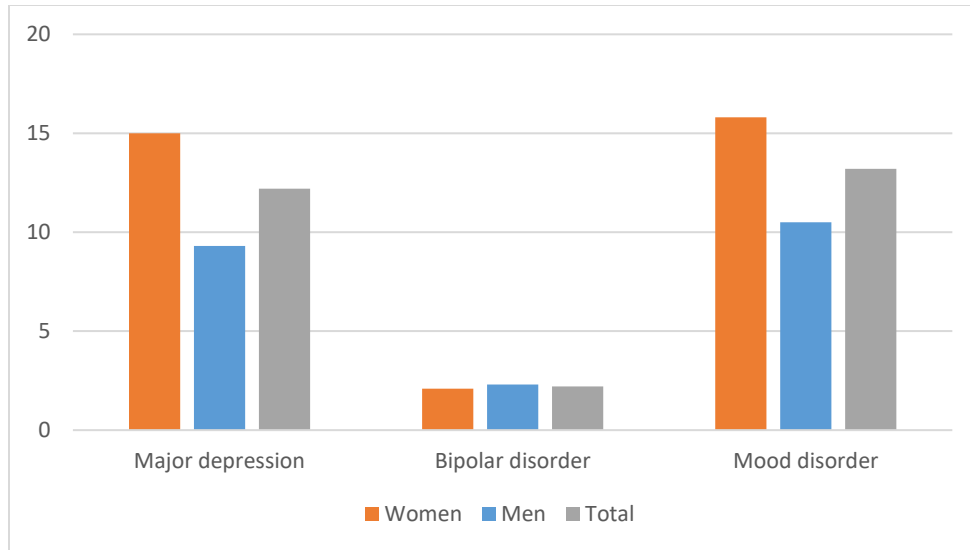


Figure 3 : Lifetime prevalence of major depression, bipolar disorder, and at least 1 mood disorder, individuals aged 15 years and older, by sex, Quebec, 2012. Adapted from Statistics Canada, 2013.

In addition to examining how gender differences are associated with different rates of mental health disorders, it is equally important to investigate how age affects the presence of such disorders. This allows policymakers and key stakeholders to allocate appropriate resources based on the population's needs.

In 2013-2014, 20.3% of the population aged 12 and older in Quebec scored high on the psychological distress scale (Statistics Canada, 2016a). Interestingly, starting with the 25 to 44 age group, this proportion decreases with age (Figure 4). According to these data, a more considerable proportion of women than men rated themselves highly on the psychological distress scale. However, there was a difference between women and men in the 12 to 24 age group (31.6% vs. 20.9%).

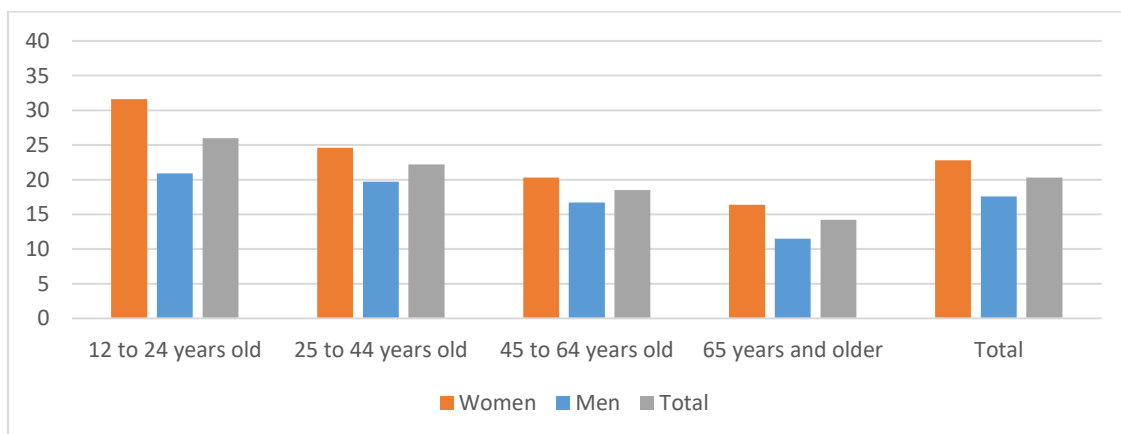


Figure 4 : The proportion of the population aged 12 and older with a high ranking on the psychological distress scale, by age group and sex, Quebec, 2013-2014. Adapted from Statistics Canada, 2016a.

According to 2012 data, the primary source of stress is the leading daily activity (study or work), followed by financial issues (Institut de la statistique du Québec, 2015). More women than men cite the health of family members as a source of daily stress (12.1% versus 7.1%). However, fewer women than men cite their main activity as a source of stress (29.7% vs. 36.9%), while no difference is observed between women and men for other sources of stress (Figure 5).

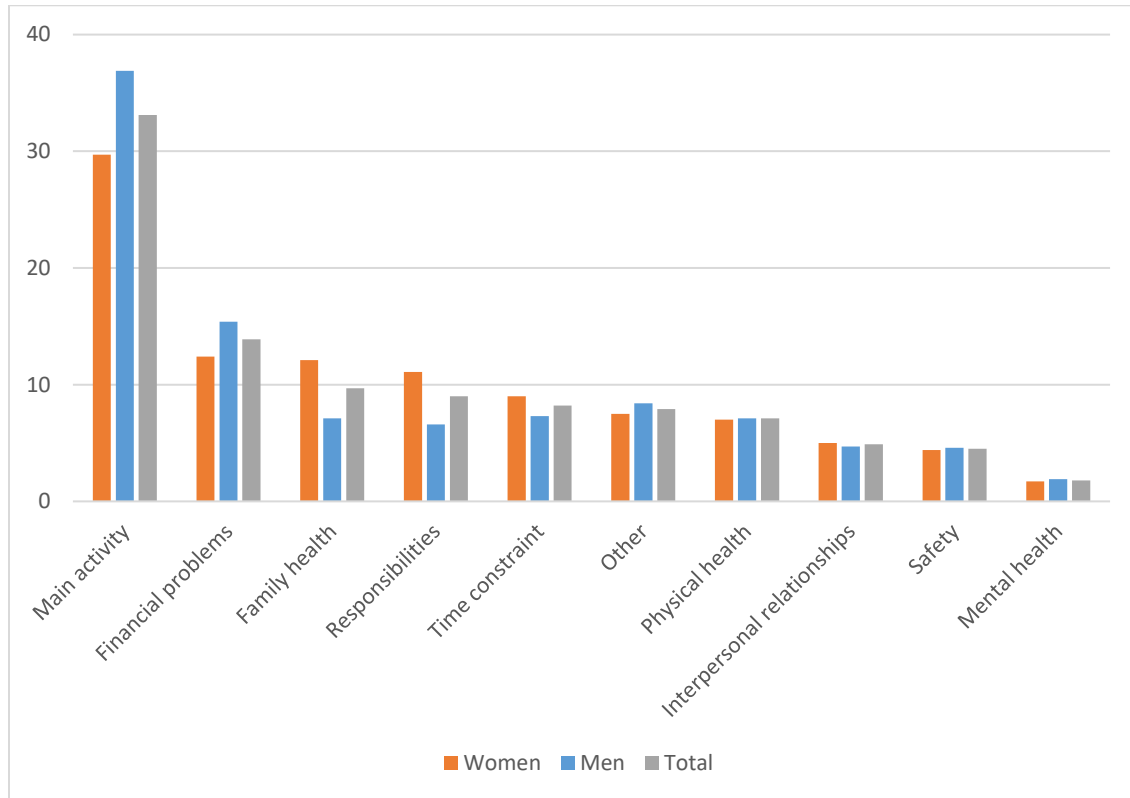


Figure 5 : The proportion of people aged 15 and older, by the primary source of daily stress and gender, Quebec, 2012. Adapted from the Institut de la statistique du Québec, 2015.

Main activity: employment or studies. Family health: health of family members. Responsibilities: personal or family responsibilities. Physical health: physical health problems. Safety: personal safety and safety of family members. Mental health: mental or emotional health problems. Other: employment status, discrimination, loss of a loved one, etc.

b. Linguistic minority populations

The most recent publicly available report related to the mental health of the population in the province of Quebec, which includes a linguistic aspect, was published by the INSPQ in 2018 and included data from 2014 to 2015 (Tu, M.T., Lussier, M-H., Martel, S., Blaser, C., 2018). Therefore, for this report, only relevant charts and data are presented.

Global health self-report tools are a widely used process to study trends and inequities within the general population. Although this is a subjective way of measuring general health and the reliability of the results of these initiatives has been debated (Crossley & Kennedy, 2002; Zajacova & Dowd, 2011), it provides some information on the general health of the population.

In Quebec, in 2014-2015, the proportions of Francophones, Anglophones and Allophones who perceived their health as fair or poor were comparable (10% or 11%) (Figure 6).

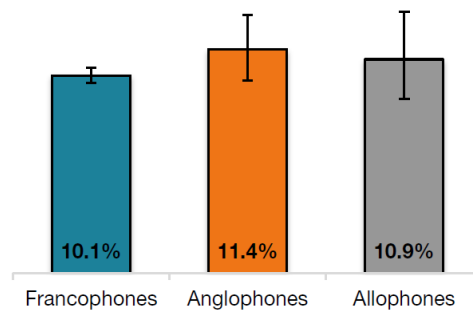


Figure 6 : Overall health perceived as poor or fair, 2014-2015. Adapted from Tu, M.T., Lussier, M-H., Martel, S., Blaser, C., 2018.

Social life satisfaction is an essential element in individuals' general well-being and mental health. It indicates one's sense of belonging and social interactions within their environment. It is interesting to note that although in 2014-2015, Francophones, Anglophones and Allophones were comparable in terms of dissatisfaction with social life (Approximately 6% of all three groups), Francophones (28%) and Allophones (36%), had a higher number of individuals at the higher end of the psychological distress scale compared to Anglophones (25%) (Figure 7A and 7B).

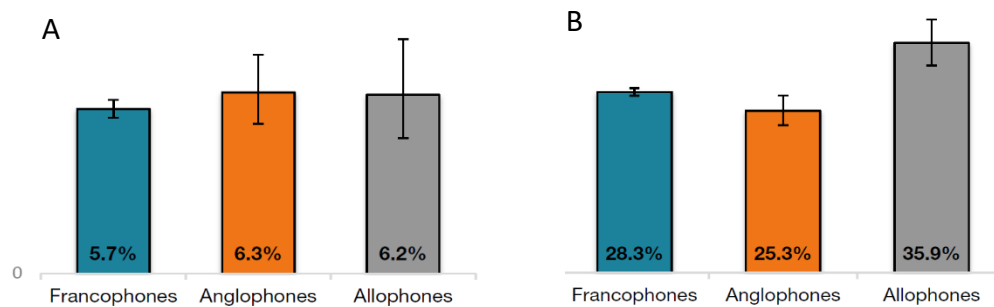
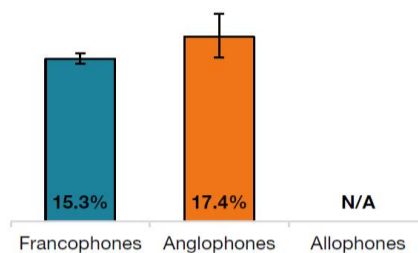


Figure 7 : A. Dissatisfaction with social life, 2014-2015. B. High level on the psychological distress scale, 2014-2015. Adapted from Tu, M.T., Lussier, M-H., Martel, S., Blaser, C., 2018.

Substance use and dependence can adversely affect overall health and well-being (O'Donnell et al., 2021). In addition, they could contribute to the development of mental health disorders (Jones & McCance-Katz, 2019). In Quebec in 2014-2015, the proportion of the population that had used cannabis in the previous 12 months was higher among anglophones (17%) than francophones (15%) (Figure 8).



Note: Allophones had a partial non-response rate of over 10%. Data not presented

Figure 8 : Cannabis use in the past 12 months. 2014-2015. Adapted from Tu, M.T., Lussier, M-H., Martel, S., Blaser, C., 2018.

The INSPQ report also looked at workplace health and work-life balance, an essential component of an individual's overall well-being and a major stressor for immigrants, newcomers and refugees for whom access to the labor market is a major concern. In Quebec in 2014-2015, a higher proportion of Anglophones (13%) and Allophones (15%) had difficulty achieving a (satisfactory) work-life balance than Francophones (9%). In addition, comparable proportions of Francophones (21%) and Anglophones (20%) were exposed to low levels of recognition at work and suffered from psychological harassment at work (Tu, M.T., Lussier, M-H., Martel, S., Blaser, C., 2018).

In the next part of this report, we will focus on the Capitale-Nationale region and provide a more up-to-date profile for both populations (general and English-speaking) based on clinical and administrative data using the Geodata model.

The current reality in the Capitale-Nationale region

a. Current profile of the general and English-speaking population

The previous data were based on the entire province of Quebec. To extract information on mental health and suicide prevention services offered in the Capitale-Nationale region,

we used the model developed by the Geodata project, which allows for detailed exploration of administrative and clinical data and the geolocation of this information.

Description of the English-speaking population

The total population of the Capitale-Nationale RTS study area is 718,680, of which 14,830 or 2.1% (Statistics Canada, 2016) are considered English-speaking populations (Table 1). The study uses the First Official Language Spoken linguistic definition adjusted for multiple responses. This linguistic definition is a rough estimate of the potential users of health services offered in English.

Table 1 : Percentage of the English-speaking population within the province of Quebec and the Capitale-Nationale RTS. Adapted from Statistics Canada, 2016.

Language	Province of Quebec	Capitale-Nationale RTS
Première langue officielle parlée / Total — First Official Language Spoken	8,066,555	718,680
Minorité de langue officielle (nombre) / Minority official language	1,103,475	14,830
Majorité de langues officielles (nombre) / Majority official language	6,890,305	701,990
Première langue officielle parlée (%) / Total — First Official Language Spoken	100.0 %	100.0 %
Minorité de langue officielle (pourcentage) / Minority official language	13.7 %	2.1 %
Majorité de langues officielles (pourcentage) / Majority official language	85.4 %	97.7 %

SCLA key findings

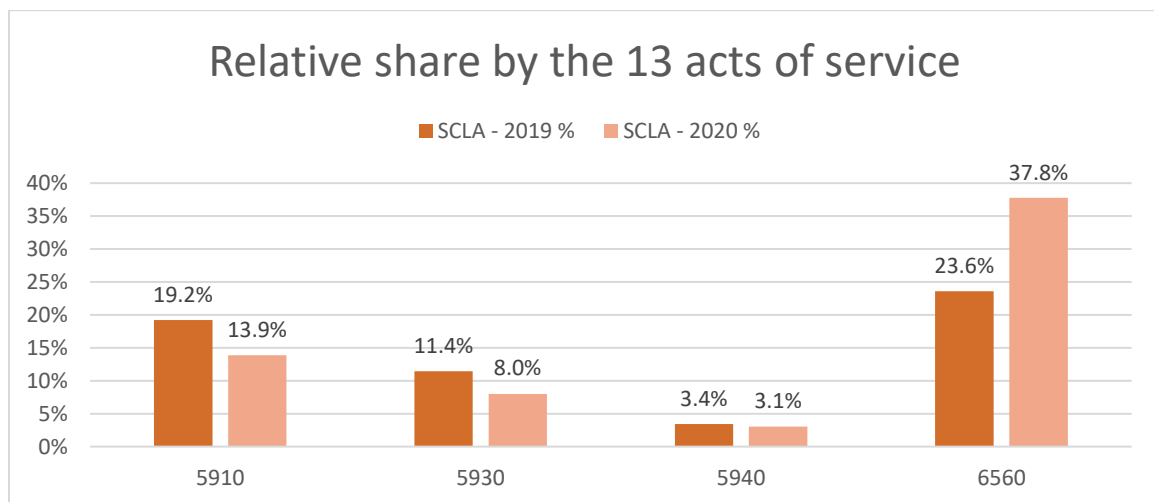
The overall review of health service acts and numbers of health service users in Appendix 1 for SCLA indicates an increase in users and acts. The increase in users and service acts given by SCLA contrasts with the initial results received regarding the total users and service acts of the CIUSSS de la Capitale-Nationale. There was a notable increase in the number of service acts in 2020 compared to 2019. On the other hand, the number of users decreases slightly. As these are preliminary results during the pandemic, there were issues with missing and incorrectly coded data for the entire CIUSSS de la Capitale-Nationale, which may explain some of this variation. The difference is reflected in the ratio of service acts to users for the SCLA, which increases considerably from 8.1 acts per user in 2019 to 12.1 acts per user in 2020. In addition, the four mental health service acts increased from 7.2 acts per user in 2019 to 11.4 acts per user in 2020. This indicates more intense service use for SCLA health service users during the pandemic. The ratio for CIUSSS de la Capitale-Nationale health service users appears to be considerably higher for

three comparable mental health services. However, verification with more recent data will need to be done when it becomes available.

Analysis of the four mental health service acts revealed an overall increase in the number of acts from 2019 to 2021. A more important relative increase is observable when health service acts are broken down by gender and into three major age groups. The details can be found in Appendices 2 and 3. Some of the highlights are listed below.

- A marked increase of **64.1%** in the total of the 4 mental health service act categories, going from **3,662 service acts in 2019 to 6,009 service acts in 2020. This increase exceeds the 50.8% relative increase in all health service acts.**
- The number of mental health-related service acts is in Health Service 6560 (Psychosocial Services), which has increased considerably from **1,497 in 2019 to 3,619 in 2020, a total increase of 141.8%.**
- There was an increase in the number of women using health services, particularly in 5940 (Community Support for Persons with Severe Mental Illness), **where women's use of services has increased by 230%**, and in 6560 (Psychosocial Services), **where women's use of services increased by 168.7%.**

The relative share of the four acts of mental health services also increased between the two years, as can be seen in the table in Appendix 3 and the graph that follows.



It is possible to observe that:

- The relative share of the four service acts related to mental health given by the SCLAs increased from **57.7% of all acts in 2019 to 62.7% in 2020.**
- The relative share of all service acts received by men increased from **29% in 2019 to 33.5% in 2020.** This percentage increase is more than the increase in service utilization by women, from **27.1% in 2019 to 30.2% in 2020.**

- There has been an increase in the share of mental health service 6560 from **23.6% in 2019 to 37.8% in 2020**. This contrasts with the other three mental health services, whose relative share has decreased slightly.
- Although there was a relative increase in the number of service acts by gender and for the three main age groups, the relative share by age group does not appear to have changed much. An additional testing by average user age could help clarify the age change between 2019 and 2020. Calculating the relative number of acts per user by gender and age would help better understand the changing service use patterns between 2019 and 2020.

The geographic distribution of total service acts appears to have changed between 2019 and 2020. The map in Appendix 4 shows the distribution of users by CLSC territory in the CIUSSS de la Capitale-Nationale in 2019. The main concentration is in dark color and is concentrated in the Upper Town territory (Quebec, Sillery, and Sainte-Foy) which moves further northwest. In 2020, as shown on the map in Appendix 5, this pattern is maintained, but more services are used in Duberger near the town area. A more detailed analysis of clustering by small area units and service type will reveal whether there is a more important change in the location of service use.

For more details on the evolution of mental health services between 2019 and 2020 for the English-speaking population, please consult the dashboard below:

<https://www.arcgis.com/apps/dashboards/7ec45e8c47be4b6094e16eeeb4a579b8>

b. Challenges and barriers for the English-speaking population in accessing mental health and suicide prevention services

To better understand the current reality faced by the English-speaking population and professionals providing services in English, several interviews were conducted with key community players and relevant service managers, including Jean-François Richard (Program Manager - Jeffery Hale Community Services), Brigitte Wellens (Executive Director of Voice of English-speaking Quebec (VEQ)), Richard Walling (Executive Director of Jeffery Hale Community Partners) and Annabelle Cloutier (Director of Wellness Programs, Jeffery Hale Community Partners). Here are some examples of questions posed to participants:

- 1) As a program manager/executive director, do you think there is a need to improve mental health and suicide prevention services for the English-speaking population?
- 2) What are the current challenges facing the English-speaking population of the Capitale-Nationale region?
- 3) What initiatives have been taken to address the current challenges, and what are the main obstacles to solving these challenges?
- 4) Are all relevant needs of the English-speaking population being met?

Key messages from these interviews are presented below:

- Quebec's English-speaking population faces many challenges, including social isolation, lack of community connections, language barriers that affect all aspects of daily life, barriers to integrating into Quebec society, access to the labor market and health and social services, and, finally, the stress of immigrant status. In addition, the COVID-19 pandemic is deteriorating the general well-being and mental health of minority populations worldwide (Killerby et al., 2020; Stokes et al., 2020). This implies that an additional burden has been incorporated into the daily lives of our target population related to employment uncertainty and increased social isolation.
- Jeffery Hale Community Services in English employs five professional health workers and four other professionals who specialize in youth. It is important to note that community agencies play a central role in addressing mental health and suicide prevention issues. Several activities are organized and new projects are currently being developed.
- Unfortunately, despite ongoing efforts, the current needs of our target population are not being met due to language barriers and the fact that services are not accessible or adapted both culturally and linguistically. It is interesting to note that one area with major problems is youth psychology, where there are no bilingual professionals to cover the relevant positions. There is a considerable disparity between the general

and French-speaking populations as the budget percentage for health and social services is based on the percentage of the English-speaking population of Quebec City.

- Most community organizations (such as Voice of English-speaking Quebec - VEQ), which are an excellent resource for immigrants, refugees and newcomers, operate as non-profit organizations with limited resources and no trained staff to treat mental health issues. Currently, there are two coordinators for the older English-speaking population and one coordinator for newcomers working with VEQ. They often face difficult situations.
- It is worth mentioning that a huge advantage for the Capitale-Nationale region is that Jeffery Hale - Saint Brigid's managed to maintain its legal entity and operate as a bilingual establishment after the merger with the CIUSSS de la Capitale- Nationale. In recent years, a shift in the general population's perception has led to a certain openness to the need for health and social services in English and increased sensitivity to the issues and barriers faced by the English-speaking population of Quebec.

c. Initiatives in the Capitale-Nationale region led by community organizations

Community organizations play an active and vital role in integrating English-speaking immigrants, refugees, and newcomers into Quebec society. Two of the most active community organizations that work closely with the Jeffery Hale Hospital - Saint Brigid's and SCLA are Voice of English-speaking Quebec (VEQ) and Jeffery Hale Community Partners (JH Partners). The Executive Directors and key employees of these two organizations were interviewed. They shared relevant initiatives, their experience interacting with the English-speaking population of Quebec, and the challenges their employees face in terms of mental health.

i. Voice of English-speaking Quebec (VEQ)

[Voice of English-speaking Quebec \(VEQ\)](#) is an active, non-profit organization that has been supporting the English-speaking population of Quebec for 40 years through activities and workshops. Although VEQ's current projects are not directly related to mental health, the aim is to create a welcoming environment for newcomers, help them access the labor market and combat the loneliness and isolation of the elderly.

VEQ is supported by two coordinators for activities related to seniors and a coordinator who engages with newcomers. The organization organizes information sessions on the educational system, the health care system and taxation in Quebec, as well as in-person outings to discover Quebec traditions, such as the sugar shack, to help newcomers become familiar with Quebec society.

Over the years, VEQ has established collaborations with JH Partners, with whom it organizes complementary activities, English school boards and professional support with [YES Montreal](#). As mentioned above, employability and access to the Quebec labor market

are a challenge for newcomers, which leads to significant stress. This is why VEQ is trying to raise awareness among Quebec companies so that they are open to hiring immigrants and providing all the necessary tools for their integration into the company and Quebec society.

For the senior population, a choir via videoconference is currently organized, as well as outings and excursions aimed at bringing together the elderly English-speaking population and combating social isolation. It is interesting to note that the elderly English-speaking population of Quebec is not homogeneous and that there are two main poles: one in the northern perimeter (Shannon, Saint-Gabriel-de-Valcartier) where seniors are more active and the community is better established, and another closer to the city center (Sainte-Foy), where they do not have such an established network, and where they do not have family and friends nearby.

Based on the above, VEQ is well positioned to identify a potential decline in newcomers' and seniors' physical and mental well-being. However, its staff has not received formal training to recognize a critical situation and provide appropriate direction to users seeking professional and adequate follow-up.

ii. Jeffery Hale Community Partners

Jeffery Hale Community Partners (JH Partners) was incorporated in 1991 as Holland Resources Development Corporation (HRDC). However, a few years later, in 2008, HRDC changed its name to JH Partners, solidifying the close relationship with Jeffery Hale - Saint Brigid's. Since then, the organization has created several programs related to the general well-being of the English-speaking community in Quebec City. Its initiatives and activities can be viewed on the Wellness Centre's website. These initiatives and activities are designed to meet the needs of all age groups, from general wellness, to family-centered resources and solutions, programs to engage the senior community and adults with special needs.

Like VEQ, most of its activities aim to foster a cohesive community within the English-speaking population of Quebec City. It is important to note that some of the JH Partners' programs focus specifically on mental health, for example, the Caregiver Cycle, which includes virtual art therapy and general wellness, or the Family Matters program, which aims to provide support to English-speaking fathers. Finally, a new program targeting mental health has recently been implemented. To better understand the purpose of this initiative, a discussion with Annabelle Cloutier, Director of Wellness Programs, was conducted. JH Partners received funding from the [Community Health and Social Services Network \(CHSSN\)](#) to address mental health issues faced by individuals between the ages of fifteen and twenty-nine. Due to the wide range of age groups highlighted by the director, two groups plan to be created, i.e., 15-21 and 21-29, to better meet the population's current needs. This will help establish a more appropriate communication

strategy to reach both groups and create focus groups with participants. For the creation of the focus groups, the mental health program coordinator will use recent data from the CHSSN.

The JH Partners also supports school initiatives that address the overall well-being of students. Specifically, they assist school officials at Dollard-des-Ormeaux School and St. Patrick's High School. In addition, they organize peer support groups around discussions of gender identity and questions their students may have. The JH Partners also collaborate with the social worker at Champlain St Lawrence CEGEP and supports initiatives aimed at students' physical and mental health, such as Healthy Body Image Day, which aims to increase awareness and sensitivity to relevant issues.

Models and initiatives adopted in other regions by the CISSS/CIUSSS

a. CISSS de la Côte-Nord

To explore mental health and suicide prevention initiatives in other regions of Quebec, we approached the CISSS de la Côte-Nord. As explained by our colleagues for the general population, their public health organization has HROs (Human Relations Officers) whose role is to promote positive mental health. Their target clientele are children and adolescents (80%) and the adult population (20%). These professionals also have an additional mandate: to train trainers on the importance of self-care, caring and positive mental health promotion. The trainers then deliver presentations on these topics to the target populations. The current employees are either bilingual or comfortable speaking English. Interpretation services are available, allowing prevention-related services to be offered in both official languages.

In addition, during Suicide Prevention Week in February, the CISSS de la Côte-Nord provided relevant promotional tools in French and English. Similarly, relevant tools will be provided in both official languages for the National Mental Health Week campaign in May 2022.

It is also important to mention a project called "Les éclaireurs". This project consists of developing a collective vigilance of benevolence in the population aimed at directing people to the right resources. This project is localised; thus, there is a committee in the Lower North Shore, which allows us to respond to the needs of the English-speaking population.

Finally, for specialized services, employees who have difficulty with English can request the services of an interpreter. Especially for this year, an agreement with a psychologist who offers services via teleconsultation has been put in place.

b. CIUSSS de l'Ouest-de-l'Île-de-Montréal/Douglas Mental Health University Institute

The Douglas Mental Health University Institute is responsible for developing all activities and initiatives related to mental health and suicide prevention for the CIUSSS de l'Ouest-de-l'Île-de-Montréal. Almost all promotional material is available in both official languages since the percentage of the population that speaks English in Montreal is higher than in Quebec. One of the most significant initiatives is a suicide prevention training course offered by trained employees to all CIUSSS employees (training is offered to other CIUSSS upon request) who are interested in learning more about suicide prevention. The training is offered in three different formats depending on the needs of the employee:

1. Suicide risk screening (half-day training)

2. Assess the person at risk of suicide (one-day training)
3. Assess and intervene with the person at risk of suicide (2-day training)

This training provides all health system employees with basic knowledge about suicide prevention. Because the trainers are CIUSSS employees (who have been trained to deliver the training), it is also sustainable. These employees are paid their regular hourly rate when they provide the training, and their manager must agree to release them once or twice a month to deliver the training.

Literature review of relevant challenges in other countries

Language and cultural differences can be barriers when linguistic minority populations attempt to access mental health services. Communication affects mental health treatment retention for minority patients and can be divided into cultural content and interpersonal context (Aggarwal et al., 2016). Cultural content is particularly important for minorities entering and continuing treatment, while interpersonal context is vital for minorities participating in treatment. Mental health disparities among racial and ethnic minorities are well documented. Therefore, initiatives to improve both contexts for health professionals will positively impact accessing mental health services for minority populations.

For this part of the report, a literature review was conducted in countries with more than one official language and in countries that accept refugees and asylum seekers.

In Switzerland, one of the main challenges is the lack of interpreting services, which, according to a recent article interviewing mental health professionals, hinders access to mental health care is an additional barrier for professionals trained to treat refugees and asylum seekers (Kiselev et al., 2020). The article notes that although psychotherapists and psychiatrists rely heavily on trained interpreters, financial coverage is not regulated. This may explain the low number of patients from refugee backgrounds treated by study participants. A recommendation by the authors of the research article to improve access to mental health care for refugees and asylum seekers in Switzerland is to introduce mandatory health insurance coverage for psychotherapy by independent psychotherapists.

Language barriers and lack of interpreters are often the reasons behind limited access to mental health services for linguistic minority populations (immigrants, refugees, etc.), not only in Europe but also in the United States (Drolet et al., 2014). Interestingly, barriers to accessing health and social services in the United States exist at both the clinical and organizational levels (Betancourt et al., 2016). As mentioned by the authors, at the clinical level, barriers are related to the interaction between healthcare professionals and patients or their families, while organizational barriers reflect the lack of representation of various groups in medical schools and health professions. The result is widespread health and social services that are not responsive to the needs of minority populations.

In addition to language barriers and lack of overall representation of minority groups, other factors contributing to the persistence of mental health inequities between populations are logistical factors, such as lack of time, transportation and limited care availability (Ramos & Chavira, 2022). In addition, financial status and primary residence also play a role in access to mental health services, as individuals from low-income

families or those living in rural areas consistently report having lower access to mental health services (Carroll et al., 2022; Cummings et al., 2017).

In addition to the barriers discussed above, another challenge is recruiting bilingual or bicultural professionals to provide culturally appropriate services. This is a major issue in the United States, with a growing demand for hiring employees capable of providing services in Spanish (Castaño et al., 2007). This issue is very similar to the current issue of access to mental health and suicide prevention services in English in Quebec City.

Models and initiatives adopted in other countries and organizations

The majority of the studies reviewed for this report discuss the problems encountered in different countries concerning access to mental health services by minority populations and offer suggestions on how to overcome difficulties. However, few of them list models adopted by government or official policies that address barriers to accessing these services. Therefore, to identify programs or initiatives implemented by other countries or organizations, we searched the Internet using the following keywords: linguistic minority populations, mental health / santé mentale, Europe.

In collaboration with the European Commission, the World Health Organization (WHO) produced a comprehensive report in 2008 that provides an overview of mental health policies and practices in 42 member states in the WHO European Region (WHO, 2008). For this report, we focus on the strategies adopted by mental health facilities to ensure access for linguistic minority populations. According to the report, many countries do not have a strategy to facilitate access to mental health services for linguistic minority populations (Figure 9). However, the United Kingdom, Norway and Slovenia have a strategy in place in all mental health facilities to ensure that the users can access relevant services in their preferred language.

Mental health facilities with specific strategies for linguistic minorities	EU		EU15		New EU countries since 2004		Israel, Norway and Switzerland		South-eastern Europe		CIS		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Have a strategy														
Yes	16	59	14	93	2	17	3	100	3	43	2	40	24	57
No	10	37	1	7	9	75	0	0	4	57	3	60	17	40
Information not available	1	4	0	0	1	8	0	0	0	0	0	0	1	2
Proportion using a strategy														
All or almost all (81-100%)	2	7	1	7	1	8	1	33	0	0	0	0	3	7
Majority (51-80%)	2	7	2	13	0	0	0	0	1	14	1	20	4	10
Some (21-50%)	4	15	4	27	0	0	1	33	0	0	0	0	5	12
A few (1-20%)	8	30	7	47	1	8	1	33	2	29	1	20	12	29
None	10	37	1	7	9	75	0	0	4	57	3	60	17	41
Information not available	1	4	0	0	1	8	0	0	0	0	0	0	1	2

Figure 9 : Mental health facilities use a specific strategy to ensure access for linguistic minorities. EU: European Union, CIS: Commonwealth of Independent States. Adapted from WHO, 2008.

Health professionals may offer services in multiple languages in countries where mental health services are available in more than one language. For example, in Azerbaijan, mental health services are available in two languages (Azerbaijani and Russian). Because minority populations speak at least one of the two languages, everyone has access to mental health services in the language of their choice.

Other countries with large influxes of diverse immigrant populations have established intercultural outpatient clinics (Austria), the use of interpreting services which is a legal right (Denmark) or can be provided by associations (France) or by volunteers (Germany), services specializing in ethnic psychiatry and cultural mediation (France), as well as the care of different minority groups (Netherlands). Interestingly, Ireland, which uses interpretation services, also addresses the representation issues faced in the United States, as discussed above. Given that 10% of residents are non-Irish nationals and most are young and single, 62% of the non-consultant hospital physicians in the Irish mental health system are foreign nationals, and many psychiatric nurses have been recruited from outside the European Union. This initiative ensures good communication and understanding between patients and health professionals, which is at the heart of mental health services.

Overall, a challenge faced by many countries is the lack of available data on the use of mental health services by linguistic minority populations compared to the general

population (Figure 10) (WHO, 2008). This problem hinders the future organization of programs and the allocation of appropriate resources.

Representation of groups in use of mental health services	EU		EU15		New EU countries since 2004		Israel, Norway and Switzerland		South-eastern Europe		CIS		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Outpatient services														
Equally represented	4	15	1	7	3	25	0	0	5	71	2	40	11	26
Substantially underrepresented	10	37	10	67	0	0	0	0	0	0	1	20	11	26
Substantially overrepresented	1	4	0	0	1	8	0	0	0	0	0	0	1	2
Information not available	12	44	4	27	8	67	3	100	2	29	2	40	19	45
Mental hospitals														
Equally represented	8	30	5	33	3	25	0	0	4	57	3	60	15	36
Substantially underrepresented	2	7	2	13	0	0	1	33	0	0	0	0	3	7
Substantially overrepresented	2	7	1	7	1	8	0	0	0	0	0	0	2	5
Information not available	15	56	7	47	8	67	2	67	3	43	2	40	22	52

Figure 10 : Use of mental health services by ethnic and minority groups compared to their parents. EU: European Union, CIS: Commonwealth of Independent States. Adapted from WHO, 2008.

The WHO website is an excellent source of inspiration and knowledge about mental health programs and initiatives. Recognizing the importance of mental health and its impact on an individual's overall well-being, WHO has launched many programs and initiatives to promote mental health and prevent related disorders. Many of these initiatives target adolescents. For example, the [Helping Adolescents Thrive \(HAT\)](#) initiative is a joint effort between WHO and UNICEF to strengthen adolescent mental health policies and programs. In addition to promoting mental health, the initiative aims to prevent self-harm and other risky behaviors, such as the harmful substance use, that negatively impact the mental - and physical - health of youth. Through this initiative, a well-established approach has been developed, targeting several aspects of the issue and creating four different strategies (WHO and UNICEF, 2020):

1. Implementation and enforcement of policies and laws
2. Environments to promote and protect adolescent mental health
3. Support for caregivers
4. Psychosocial interventions for adolescents

Addressing adolescent mental health issues requires a multi-level strategy, from strengthening policies to supporting households and schools. WHO has developed a [training package](#) for educators to increase understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote,

protect and restore mental health in their students. The package includes training manuals and materials to help increase the number of schools promoting mental health.

Recommendations for best practices to adopt within the CIUSSS de la Capitale-Nationale

a. Recommendation 1: Support community organizations

Based on the interviews conducted for this report and studies showing that newcomers at an early age identified family, friends, the ethnic community and religious institutions as their first and often only sources of emotional and other support (Shakya et al., 2010), we believe it is critically important to ensure ongoing and sustainable support for community organizations. Supporting less formal means of accessing mental health and suicide prevention services will ensure the establishment of a relationship of trust between the English-speaking population and the community organizations which are often the first responders in the event of mental health problems. This recommendation is also consistent with the Geodata results presented in this project which showed an increase in the use of mental health service acts. We recommend two levels of support: financial and field support.

Government funding is vital to support current and future initiatives related to mental health and general well-being. For decades, community-based organizations have led a variety of relevant initiatives to improve mental health (e.g., support programs in schools and social activities for the elderly) that not only reduce the impact of social isolation, loneliness, limited integration into Quebec society, and other challenges faced by the linguistic minority population, but also act as a catalyst for creating coherence in the community. The latter is of great importance to Quebec's diverse English-speaking population, as it opens doors for community members to foster lasting relationships, and mutual respect and understanding.

Many employees of community organizations regularly encounter difficulties with newcomers and immigrants and often do not have the minimum training necessary to respond appropriately. Formal training for all employees and volunteers will ensure that when faced with a precarious situation, they will be able to identify the problem, respond appropriately, and have all the essential tools to redirect the person to the appropriate resource where they can receive specialized care. Adopting a model similar to the one developed at the Douglas Mental Health Institute can ensure that CIUSSS de la Capitale-Nationale employees are trained to provide different forms of mental health training depending on the needs of the public. In addition, having in-house professionals who regularly provide the training would ensure this endeavor's continuity and sustainability.

b. Recommendation 2: Support health professionals

- i. To offer and promote language courses not only for the employees of CIUSSS de la Capitale-Nationale but also for the employees of the support centers concerned.

Reflection on Dialogue McGill's English courses

Dialogue McGill received funding from Health Canada to implement language training and to support research on linguistic minority populations and access to health and social services. Initially, only English courses were offered, but more recently, Dialogue McGill has added French courses for employees who wish to improve their French language skills. The English courses are divided into three components depending on the needs of the employees: the reception component for employees working in administration and reception, the psychosocial component for speech therapists, social workers, psychologists, and finally, the health component for doctors, nurses, etc.

In the context of this report, and given the difficulties in finding bilingual professionals to meet the needs of our target population, we decided to contact employees who participated in Dialogue McGill's English courses (psychosocial component) to assess their progress and the impact of the course on their daily work life.

We contacted eleven employees, and five agreed to discuss the course briefly. Overall, most employees said they were more comfortable accompanying an English-speaking user and learned a lot of new terminologies in English. Unfortunately, not all of them have the opportunity to practice their new language skills because they do not have English-speaking users very often. Some employees felt that the program provided many opportunities to practice oral communication in the individual meeting rooms, but some mentioned that they would appreciate more time for verbal communication.

The Dialogue McGill language courses have been a great resource for CIUSSS de la Capitale-Nationale employees and an irreplaceable way to learn or improve their English skills. However, the majority of professionals who participate choose the health component, and very few employees who work in reception or psychosocial positions. Often, users trying to access mental health services must go through someone who works

Testimonial

Overall, I can hold a conversation more fluently for extended periods. Considering that the course focuses on the psychosocial field, I have acquired several terms in this field. Yes, I would feel more comfortable accompanying an English-speaking family.

C.C., Special Education Technician, Centre of Expertise for Child Welfare and Development, Youth Department

at the reception, and language barriers are likely to arise. Dialogue McGill's language courses should be further promoted to the staff working at the reception desk, given the importance of understanding the user's problem so that their request can be directed to the appropriate resources.

In addition, support centers such as the [Centre de prévention du suicide du Québec](#) offer services in both official languages, but services in English are not always available 24 hours a day, 7 days a week. Providing free language training to workers at these centers would ensure that English services are available in the afternoon and on weekends.

ii. Empower and educate the personnel of the CIUSSS de la Capitale-Nationale.

Empowering health professionals and, in general, all CIUSSS de la Capitale-Nationale staff, means that management provides all the necessary tools for employees to reach their highest potential and perform at their jobs. Furthermore, educating all employees about mental health and suicide prevention will enable everyone to recognize problematic situations and direct people in crisis to the appropriate resources but also increase understanding and reduce the stigma surrounding mental health.

Once training related to mental health and suicide prevention has been established, as described above (see CIUSSS de l'Ouest-de-l'Île-de-Montréal/Douglas Mental Health University Institute section), all employees will have access to it and will be able to decide which type of training is most appropriate for their position. An additional resource that would be an asset to mental health would be to create videos and initiate webinars on the importance of receiving services in the language of choice and sharing approaches taken in other countries with more than one official language. This would allow employees to brainstorm alternatives and suggest recommendations based on their work experience. Such an initiative would create an open dialogue between CIUSSS de la Capitale-Nationale employees and management that could lead from brainstorming to the adoption of a solution that works for both employees and users of the services.

Including health care employees in this dialogue and a better understanding of the challenges they face in the field could also positively affect burnout and medical or personal leave that interrupts service delivery.

iii. Allocate more resources related to youth psychology.

One issue that came up regularly in the interviews was the lack of professionals specializing in youth psychology who are also bilingual. Identifying psychologists who work in the public sector and offering free English classes in addition to increased compensation could improve the current situation.

Financial support for current employees, ensuring a sustainable and pleasant work environment, and providing additional training in English and youth psychology could

improve the current situation. This endeavor is a long-term process that will not only address the challenges faced by the linguistic minority population but also benefit the general population seeking mental health services.

In addition to traditional in-person intervention methods, the public sector may also want to consider digital solutions that may be more appealing to the younger population. These digital solutions include apps, online therapies and other digital tools, and may be effective, highly scalable and appropriate for anxiety and depression interventions. Initial work has been conducted with New Zealand youth of Māori and Pacific descent, who have high rates of depression, anxiety and self-harm, but demonstrate low rates of help-seeking from mental health professionals (Fleming et al., 2019). As the study described, these interventions are not appropriate for all individuals, but they could be an additional resource for those seeking relevant services.

c. Promote the services of the Banque d'interprètes de la Capitale-Nationale.

For English-speaking users and those who do not speak one of the two official languages, receiving health and social services in a language they are comfortable with has a considerable impact on the quality of services offered. For this reason, in the Capitale-Nationale region, a recognized entity provides interpretation services to users. This entity was created in 2016 and is called the Banque d'interprètes de la Capitale-Nationale (BICN).

The objectives of the Banque d'interprètes are:

1. Ensure that non-French-speaking users have access to health and social services that are adapted to their linguistic and cultural needs and provided in a respectful and safe manner within a reasonable time.
2. Facilitate communication between health professionals and users and thus improve the quality of health and social services.
3. Provide accurate and confidential interpretation while respecting the values and rights of all involved.

CIUSSS de la Capitale-Nationale employees need to be aware of the services of this bank and know how to use these services when a user who is not comfortable in French or English requests services. Sustainable funding for the bank would ensure continuity of services, and a well-planned campaign would ensure that all employees know how to approach and request an interpreter.

The bank offers interpretation services for more than 70 languages, allowing the user and the healthcare professional to understand each other while expressing their thoughts in their native language or in a language they are comfortable with. As we have seen, this leads to a more accurate diagnosis and creates a trusting relationship between the two parties. Additionally, given that previous research has shown that the quality of the

patient-provider relationship is associated with treatment adherence (Kaplan et al., 1989; Roter & Hall, 2006; Von Korff et al., 1997), this may lead to higher rates of commitment to an established treatment plan.

In addition, interpreters could also have access to mental health and suicide prevention training to ensure that they are comfortable participating in mental health consultation sessions and demonstrate the understanding and empathy required to serve the users effectively.

Final remarks and limitations of the study

It is undeniable that mental health is a very important component of an individual's overall well-being. The ability to receive relevant services in the language of one's choice is crucial not only to establish a relationship of trust between the user and the health professional, but also to guarantee the positive outcome of an intervention.

Quebec's English-speaking community is an active and dynamic member of society. As a linguistic minority population, it is composed of a diverse and multicultural group of people who were born here or immigrated to Quebec and face additional challenges in accessing mental health and suicide prevention services. In addition to the ethical considerations of providing adequate health services to the general population, we must consider the societal burden of not receiving appropriate services and the financial cost of lost productivity, work absence and self-harm. Addressing mental health issues contributes significantly to the health and well-being of individuals and society, thereby ensuring future economic growth and stability.

Closing the gap in mental health and suicide prevention services for the English-speaking population is a long-term battle that requires a well-developed and planned strategy, as well as an investment in human and financial resources. From a long-term perspective, the inclusion of training in official languages and the development of core competencies for working in a multicultural context in the training of healthcare professionals could help bridge this gap in the future and provide access to culturally appropriate treatment.

Limitation of the study

While attempting to cover all relevant aspects and supplement the public mental health data of the INSPQ with more recent data from the Geodata project, this study cannot distinguish the mental health needs of racialized immigrants and refugees from those of racialized Canadian-born populations. Consequently, this area of research remains to be developed so that policy and decision-makers have a better understanding of the differences between minority groups and can better allocate resources to address these needs.

Unfortunately, we were unable to find any data online related to suicide prevention initiatives or relevant statistics for Quebec's linguistic minority population or for Quebec City. There is an INSPQ report on the overall population of Quebec province which gathers data from 1981 to 2019 (Levesque, P., Rassy, J., Genest, C, 2022), but the linguistic component is missing. Future research should fill this gap by examining the needs of linguistic minorities and whether this target group has different suicide rates than the general population.

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APPENDICES

Appendix 1— Total service acts and users 2019-2020, SCLA and CIUSSS de la Capitale-Nationale

Total users and acts of SCLA in the RTS de la Capitale-Nationale (5 acts)				
SCLA	Year	Users and acts	4 acts in mental health	3 acts in mental health
Users	2019	672	504	276
	2020	774	529	304
Acts	2019	5485	3662	2441
	2020	8409	6009	4680
Rates	2019	8,2	7,3	8,8
	2020	10,9	11,4	15,4

Total users and acts of the CIUSSSCN in the RTS de la Capitale-Nationale			
CIUSSSCN	Year	Users and acts	3 acts in mental health
Users	2019	39 831	23 797
	2020	37 998	16 066
Acts	2019	773 420	257 815
	2020	788 774	375 834
Rates	2019	19,4	10,8
	2020	20,8	23,4

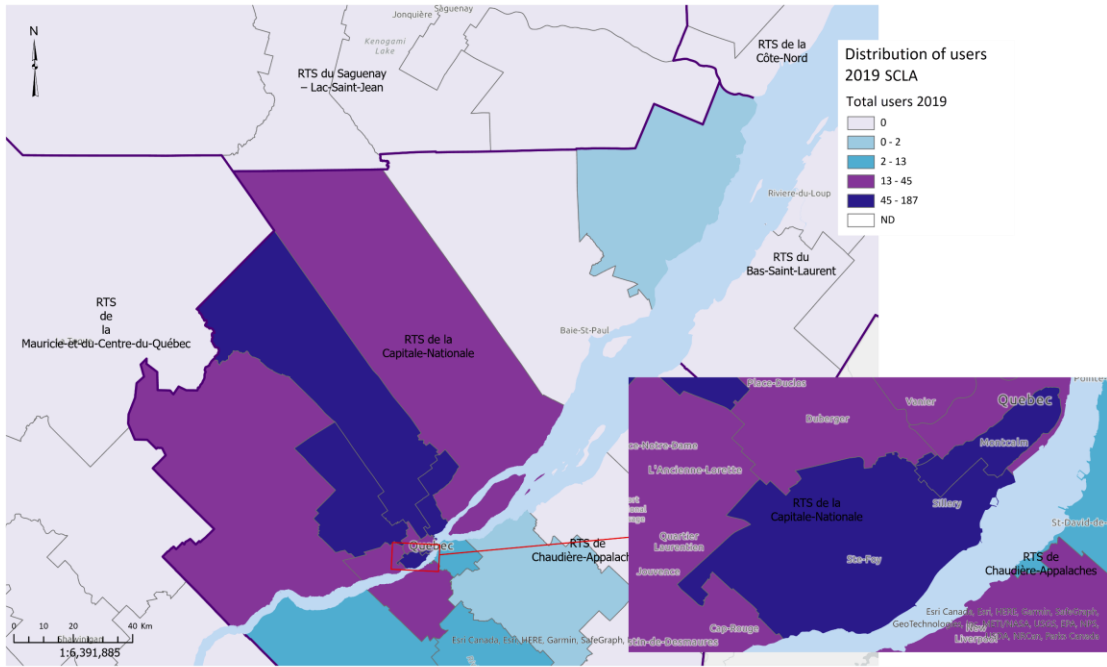
Appendix 2 — SCLA: Mental Health Acts of Service, 2019-2020

Age group and gender	SCLA - 2019	SCLA - 2020	Total	Change	SCLA — 2019 % of 13 acts	SCLA — 2020% of 13 acts	% change 2019-2020
0-17 years	1267	1941	3208	674	20,0 %	20,3 %	53,2 %
18-54 years	1178	1442	2620	264	18,6 %	15,0 %	22,4 %
55 years and more	1987	2626	4613	639	31,3 %	27,4 %	32,2 %
Women	1722	2894	4616	1172	27,1 %	30,2 %	68,1 %
Men	1844	3213	5057	1369	29,0 %	33,5 %	74,2 %
Total 4 acts	3662	6009	9671	2347	57,7 %	62,7 %	64,1 %
Total 3 acts	2441	4680	7121	2239	38,4 %	48,9 %	91,7 %
Total 5 acts	4264	7080	11 344	2816	67,1 %	73,9 %	66,0 %
Total 13 acts	6350	9577	15 927	3227	100,0 %	100,0 %	50,8 %

Appendix 3— SCLA 4 acts of service involving mental health

Year	Acts by gender	5910 Youth and Family Psychological Services	5930 Mental Health Ambulance Service	5940 FSS community support	6560 Psychosocial Services	Total
2019	Men	508	338	188	906	1940
	Women	713	388	30	591	1722
	Total	1221	726	218	1497	3662
2020	Men	550	340	194	2031	3115
	Women	779	428	99	1588	2894
	Total	1329	768	293	3619	6009
Change %	Men	8.3%	0.6%	3.2%	124.2%	60.6%
	Women	9.3%	10.3%	230.0%	168.7%	68.1%
	Total	8.8%	5.8%	34.4%	141.8%	64.1%

Appendix 4 — Users of SCLA services in 2019 by CLSC



Appendix 5 — Users of SCLA services in 2020 by CLSC

