

Entité²

de planification des services de santé en français pour les régions de
Waterloo· Wellington· Hamilton· Niagara· Haldimand· Brant

Mental Health French Language Services



Consultation Report - June 2018

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INTRODUCTION

Within the framework of its role in the community, the French Language Health Planning Entity (hereby referred to as Entité²) has carried out engagement initiatives in order to provide a comprehensive understanding of the needs specific to the French speaking population as they relate to mental health and addiction within the Hamilton Niagara Haldimand Brant territory.

Dissemination of a community survey included questions about the respondents' general knowledge of what constitutes a mental health and addiction problem, what services are available in their region, what mental health and addiction services they have received, what mental health and addiction services the French speaking community needs, their personal experiences with service availability and access, as well as their propensity to ask for French language care when seeking mental health and addiction services. Entité² was able to gather 155 respondents from the HNHB LHIN territory.

Entité² also conducted two complementary consultations, in Hamilton and St Catharines respectively, which were attended by a collective of eleven community members and front-line workers representing eight different agencies. The latter included designated, identified and non-identified LHIN-funded agencies, as well as additional community organizations who are not LHIN-funded but who work alongside them and are familiar with the mental health and addiction realm and the realities of the Francophone population. Participants were encouraged to consider the needs of the French speaking population in terms of mental health and addiction as well as the full range of services, spanning from health promotion to available treatment options when identifying available resources and existing barriers within the system. Probing questions were identified in order to guide the conversation as to gather the most amount of information possible.

Lastly, an open invitation was extended to the Francophone population in order to provide an opportunity for the community to voice their personal experiences with the healthcare system, namely for mental health purposes, as a linguistic minority. One-on-one interviews were conducted with individuals who have had experiences either for themselves or for a family member.

Objectives

- Identify what mental health and addiction related French language services are known to both community members and French speaking professionals within the LHIN;
- Identify barriers experienced by the French-speaking community in accessing mental health and addiction services;
- Identify barriers experienced by service providers working in mental health and addiction related care and community services;
- Identify most prominent needs and priority action items in the Francophone community as identified by the participants as they relate to mental health and addiction services;
- Present a patient perspective to accessing services in an official language minority setting, by providing testimonials from people who have had first hand experiences with French language services within the healthcare system.

RESULTS

Community survey: Interpretation of results

PRIORITY NEEDS as identified by the survey

Better dissemination of information: Communication regarding services is scarce and unorganized at best. Francophones are often not equipped with the information to know where they can ask for services.

Specialized services: French language mental health care that goes beyond the scope of social workers/counsellors.

Depression, anxiety, dementia and suicidal thoughts: Survey respondents identified mental health services that addressed these specific priorities to be of most importance for the Francophone community in HNHB. Incidentally, they are also the mental health issues for which the respondents and their family members mostly sought help in the last 5 years.

A survey was conducted between November 2017 and April 2018 through the means of community events, seniors clubs, online through our community partners, our newsletter and social media. Of the 155 survey respondents who reside on the HNHB LHIN territory, 51% lived in either Welland or Hamilton. We deemed the identification of these two cities to be particularly meaningful due to the presence of the Centre de santé communautaire Hamilton/Niagara (CSC or Centre de santé) in each of these areas, and the availability of some mental health services provided by them, namely access to social workers.

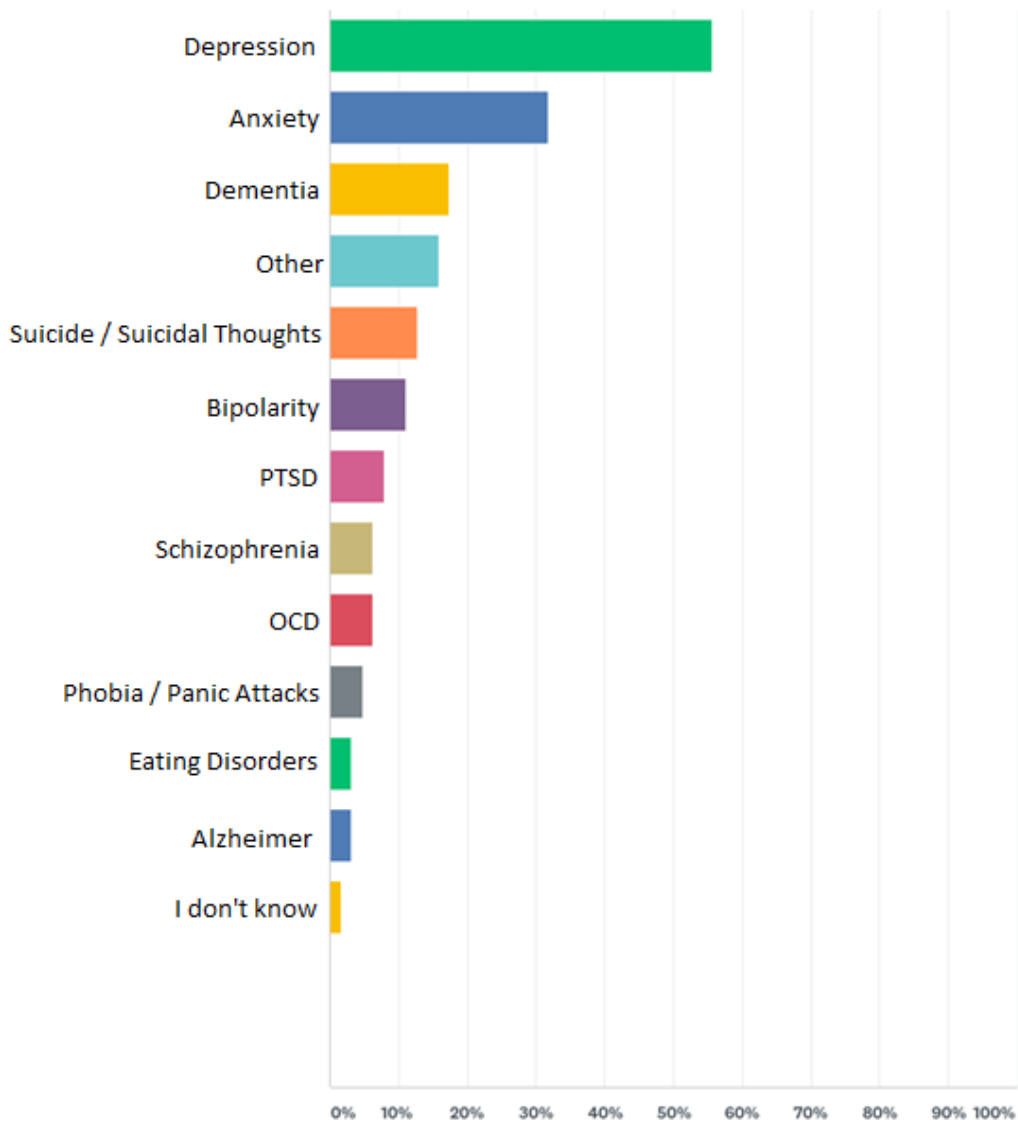
According to the community survey, only 55% of respondents are aware of the French language mental health services that were available in their area. Welland and Hamilton respondents were aware at respective rates of 55 and 45% thus proving that there is not a significant difference in terms of the public awareness between those who have the CSC at their disposal and those who do not. Comments were made using the open ended questions in order to communicate the fact that the system does not provide the information, nor the navigation of the system in order to access French language services, they did not know where to ask for French language services, they did not think there were any French language services in their city (Niagara Falls), didn't know if the services were available or not, so didn't bother asking. These are all things that were shared as a general sentiment by Francophones in all regions surveyed, both in the context of the community survey and in the one on one interviews.

When asked the same question about addiction services, 70% of Welland respondents and 79% of Hamilton respondents communicated not being aware of what is available in French in their community. Despite these numbers, 11% of respondents shared having, for themselves or a family member, sought out addiction services in the last five years. Alcohol was identified as being the leading reason for seeking addiction related care, making up 42% of cases, followed by illegal and legal drugs and medication at equal rates (25% respectively).

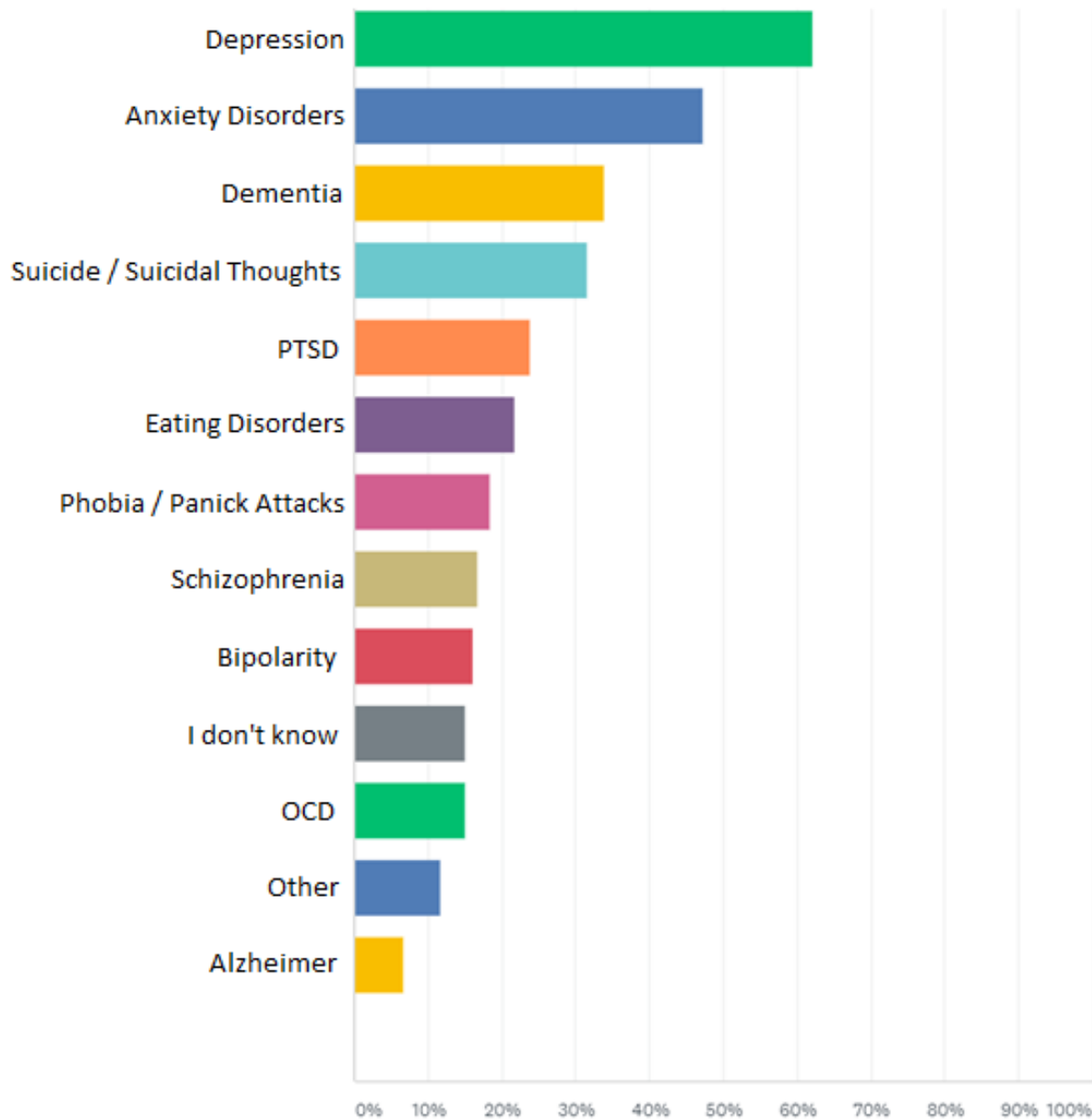
According to the community survey, 56% of respondents stated that they requested French language services when accessing mental health services within the last five years. Of these, 45% did not receive French language services. Many factors may affect someone's willingness to request or inquire about the availability of French language services, such as not wanting to bother the staff, feeling that they can make do in English or thinking the services are not available. Of those who asked and did not receive services in French, they were given reasons such as the service or the staff not being available, or being told that they'd have to wait to receive the service in French. One can imagine that in a mental health crisis situation, such as one identified by one of the respondents, family does not want to have to wait in order to get the help their family member requires.

Half of respondents confirmed that they or a member of their family had received mental health related services in the last five years. The graphs below portray the issues for which they sought out service (Graph 1), in addition to the needs the respondents felt were of most importance in terms of mental health care for the Francophone population (Graph 2). The CSC has social workers and primary care providers that can assist in an individual's mental health needs. However, they do not have the capacity for specialized services sometimes required for more severe or complex cases. For example, Graph 1 states that approximately 6% of respondents mentioned seeking help for schizophrenia. Although a very small sample size, this is an important number compared to the 1% prevalence within the population. One participant shared that her mother started mental health counselling in French, but when she required a psychiatrist, had to proceed with services in English since there is no French-speaking psychiatrist in the region.

Graph 1: What mental health services have you or your family member received in the past 5 years?



Graph 2: In your opinion, which French language mental health services are of priority for the francophone community?



Consultations with frontline workers and stakeholders

PRIORITY NEEDS as identified by consultations

Mental health crisis lines: Evidence shows Francophones are resorting to (and sometimes being referred to) a French language crisis line that is not regional. Assuming the provider in question is not aware of HNHB resources, the callers are not getting connected with local programs and services to provide appropriate care.

Expand the breadth of French language services beyond Welland and Hamilton: The concentration of French language services in Welland and Hamilton, namely through the Centre de santé, can make it difficult for francophones in surrounding cities to access them. Consultations brought forward suggestions regarding mobile teams.

More awareness and education: Firstly, to the French speaking population in order to supply them with information regarding where they can access French language services. Secondly for upper management in English predominant workplaces as to why French language service is important, and the added challenges faced by employees working with the Francophone population.

Better navigation of French language mental health and addiction services: Frontline workers identified the lack of mechanisms in place to access French language services and suggested exploring OTN services, implementation of protocols and further collaboration amongst community agencies and a French language service directory.

Two consultations, in St Catharines and Hamilton respectively, brought forward rich conversation on a variety of topics affecting the work that is done in the francophone community. Frontline workers from a variety of health service providers offered their insight on the mental health needs of the Francophone community, barriers they identify for the francophone population in accessing the appropriate care and barriers they identify for themselves in providing mental health services to a linguistic minority.

Consultations with French speaking professionals proved that it is common knowledge that the Centre de santé has mental health and addiction services. They also confirmed that the Centre de santé was often the first contact they would make in order to access services for a French speaking client. That being said, the people identified as potential contributors to our consultations are known to work with the Francophone community in their respective positions, making them more aware of

French language resources and services within the community. This may not hold true for the larger health and community care system, as some expressed the difficulty of explaining the francophone reality to their colleagues and superiors. In regards to English speaking health care workers, shortfalls

regarding knowledge of existing services and appropriateness of care for French speaking patients is very much a reality.

Discussions with French speaking staff has clearly revealed the significant willingness for patient-centred care and providing what is in the best interest of the client and their families. Identified staff will often go above and beyond their intended roles and responsibilities in order to provide the assistance required for a French speaking client, knowing that the system is not always built in their favour. Mentions were made in regards to the difficulty in directing French speaking clients within the system, on behalf of both French and English speaking staff members. It is thus not surprising when French speaking staff we consulted acknowledge spending a significant amount of time on system navigation, translation, and advocacy on behalf of the patient, due to a lack of existing pathways and resources available for the francophone population. This rings true especially for the mental health realm in terms of case management as cases are often more specific and complex in nature. This extra work and effort has caused others in the health care field to avoid identifying themselves as bilingual in fear of the having an added work load with no extra supports on behalf of their employers or the larger system. These added stressors can range from knowing their assigned tasks are still waiting for them after having assisted someone with interpretation, having to have interactions in French but write notes in English, having to participate in French language tables, being asked to stay after shift to assist with a patient, help with translation of documents, identify French language services within the community, etc.

It was also noted that for the Niagara region, although some clients are able to commute for appointments and activities, French language services are not always accessible for the larger francophone population. Despite having the largest presence in Welland, with approximately 37% of the total number of Francophones in Niagara, 45% of the francophone population can be found in neighbouring cities (St Catharines, Niagara Falls and Port Colborne).¹ As a result, it was suggested that discussions should be initiated in order to explore possible partnerships to provide services to these other communities within Niagara and benefit the larger francophone population. Although this suggestion was shared in Niagara by frontline workers, a similar sentiment was brought forward in the context of individual interviews in the Hamilton region.

There was often mention of an explicit lack of information sharing and promotion regarding what services are available, both for health and community service providers and frontline workers, as well as for the community at large. It was often stated, that if the people working in the field and that are involved with the francophone community aren't aware of what is available, where the services are offered and how to access them, how can it realistically be expected that the general population (community at large, English speaking providers) be informed.

In terms of addiction services, frontline workers did not seem to think that the intake process was consistent from one place to another, nor from one conversation to another with the same provider. For detoxification services, the client has to call and make arrangements for themselves which presents a difficult issue when the client cannot communicate or complete forms in English. From experience, frontline workers share that oftentimes the process dissuades the client from wanting to

¹ Profil de la communauté francophone de la région de Niagara, Cerf Niagara, Juin 2015; Recensement 2011 de Statistique Canada

move forward and they often abandon the help-seeking process due to frustration, or the skepticism of, if intake is not accommodating for French speaking clients, how will the evaluation and treatment happen efficiently.

Community partners in Niagara helped identify the need for a French language mental health crisis line. Other sources of information have come to support this expressed need. InCommunities (Ontario 211) provided Entité² with a report regarding French speaking callers in 2017, the services they were seeking, as well as the community service providers with which they were connected. This report showed that their Information and Referral Specialists had referred to a French language crisis line based out of the Ottawa-Gatineau region. Communications with this organization further confirmed the connection between the French speaking community in HNHB and the crisis line, as the executive director stated that they received on average 4-5 calls a month from the Niagara region alone.

SUMMARY OF FINDINGS AND COMMON THEMES

Amongst other factors, the consultations identified being francophone as a potential risk for mental health and addiction issues for a variety of reasons – isolation, stress and anxiety around making appointments or seeing a health professional, all due to the language barrier. Patient interviews highlighted these risk factors as we heard patients expressing fear, doubt and anxiety in regards to the interactions they have with their English speaking providers. These are outlined in more detail in the one on one interview report.

Lack of information sharing (who is French speaking, where are they, what services do they offer, how do I ask for French language services) make it difficult for Francophones to access French language services in the health care system, and it is no different for mental health and addiction services as demonstrated in our survey results and consultations. There seems to be a call for a more systematic approach to French language services in order to encourage collaborative planning, increased information collection and sharing, etc. This oversight and more overarching and top-down approach would allow a more comprehensive, organized and collaborative way of applying a French language consideration to LHIN-funded services. This systems approach would also make the identification of French speaking practitioners and services easier. Such an approach could mitigate situations such as those identified in the context of addiction services, where the lack of French language accessibility from the first contact creates a deterrent for pursuing the request for help.

Better information sharing would also allow for the general public to be aware of French language services and make decisions about the language in which they receive their care accordingly.

CONCLUSION: Our Preliminary Recommendations

We have developed some preliminary recommendations based on what the providers proposed in terms of priority actions as well as on the needs identified by the community. We would be happy to discuss these and see how we could support the LHIN in the planning and implementation of the following potential solutions:

- **Improve French language mental health and addiction service navigation**

Results from our consultations seem to validate the approach developed in the 2018-2019 and 2019-2020 action plans in terms of navigation of French language services:

- Report on lessons learned from French language service navigators implemented in other regions while ensuring to include mental health and addiction navigation models (i.e. Canadian Mental Health Association Waterloo Wellington, Addiction Services of Thames Valley)
- Utilize OZi data in order to update the directory of identified LHIN funded French language services and promote existing services based on the mental health and addiction needs identified by the Francophone community
- Utilize OZi data to identify gaps within the mental health and addiction system
- Explore services offered by OTN in order to complement local services and minimize gaps regarding French language services within the continuum of mental health and addictions care
- Provide more awareness as to the importance of French language services, by encouraging health service providers' participation of the Réseau du mieux-être francophone du Nord de l'Ontario's active offer training (www.activeoffertraining.ca)

- **Aid in the implementation of a French language mental health crisis line**

- Initiate discussions with key players and explore the possibility of having a French language crisis line for HNHB Francophones
- In Niagara, Entité² has been in touch with Distress Centre which has expressed an interest in providing such a service in the near future. They would then be able to receive incoming French language calls, perform crisis intervention or appropriately refer to French language mental health and addiction services within the area
- In order to implement a similar service in other regions of the LHIN, existing models can be used as learning opportunities. For example, Children's Aid Society, Catholic Children's Aid Society and Family and Children's Services Niagara all use the same phone line for dedicated French language calls.

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