

Mental Health and Addictions services in Newfoundland and Labrador

The Needs of Francophones and Acadians in Five Communities in the Province <u>Summary Report</u>

Submitted to the *Réseau Santé en français de Terre-Neuve-et-Labrador*

March 2019



This research is an initiative of the *Réseau Santé en français de Terre-Neuve-et-Labrador* from the *Fédération des francophones de Terre-Neuve et du Labrador*.

Funding for this project has been provided by Health Canada through the *Société Santé en français*, a Canada-wide organization to promote French-language health services. The statements, opinions, and recommendations provided in this document are those of the authors and do not necessarily reflect the views of the Government of Canada.

We would like to thank those who participated in the research, especially those who took part in the community consultations, the online survey, and the interviews.









The authors of this study are researchers Solange van Kemenade (Ph.D., Sociology) and Mariève Forest (Ph.D., Sociology).

The statistical analysis of survey data, as well as the accompanying tables and graphs, were done by Bey Benhamadi (Ph. D., Demography).

Summary

This study, commissioned by the *Réseau Santé en français from the Fédération des francophones de Terre-Neuve et du Labrador*, was conducted for the purpose of identifying the needs of francophones in the province related to mental health and addiction. The research took place between October 2018 and February 2019. It consisted of the following: a review of the scholarly literature; five public consultations in francophone and Acadian communities; an online survey; the compilation of an inventory of services in the area of mental health and addiction; interviews with key informants.

Review of the literature

Reviewing the research on the subject helped us to better understand the situation of francophone and Acadian minority communities (FAMCs) as it relates to mental health and the use of services in this area. Population studies show that there is a higher prevalence of mental health issues in FAMCs compared to the Canadian average. The inadequacy of health services for FAMCs is often discussed in the research we examined in the course of this study.

Consultations and survey

Consultations held in La Grand'Terre (also called Mainland), Cap Saint-Georges (Cape St. George), St. John's, Happy Valley-Goose Bay, and Labrador City clarified the challenges, obstacles, and priorities of mental health and addictions services. The survey allowed us to confirm the issues expressed at public consultations and, in particular, helped us to identify specific regional characteristics with more precision.

Mental health issues. Job shortages, migration of youth and adults for work purposes, isolation or separation from family, a harsh climate, and socio-economic constraints in small communities were the primary challenges mentioned during the consultations. Participants noted that these factors had a negative impact on mental health. Excessive alcohol consumption and drug use among young people were also considered problematic in some of the communities.

The results of the survey showed that substance abuse and addictions, as well as anxiety and depression, are the most serious problems perceived by the respondents from St. John's and the West Coast¹ (La Grand'Terre, Cap Saint-Georges and Stephenville), while

¹ Due to the small sample sizes, researchers analyzed the data by grouping them according to the three regions mentioned (West Coast, northern Labrador and St. John's). This methodological choice does not correspond to the territories of the health authorities of Newfoundland and Labrador.

suicide or suicidal thoughts was ranked first in order of importance in northern Labrador (Happy Valley-Goose Bay and Labrador City).

Receiving mental health services in French. A little more than half of survey respondents know that mental health services exist, but unfamiliarity with these services remains a challenge, especially on the West Coast. In general, respondents know that information on mental health services is available and that these services are located within a reasonable distance of their residence, but this is not the case for survey respondents from the West Coast. Residents from northern Labrador indicated a greater lack of satisfaction regarding the possibility of receiving French-language services and the quantity of services available.

People who took part in the consultations and the survey indicated their dissatisfaction with the quantity of mental health services offered in French, and also in English (except in St. John's). The people consulted reminded us that few of the health professionals who work in hospitals are bilingual, and the services of interpreters and bilingual information are also in short supply. Several people stated that having services in French was important, while others said they were accustomed to receiving health services in English. More francophones in Labrador City and Happy Valley-Goose Bay seem to consider that, where mental wellness is at stake, it is very important to be able to communicate in French. Military families from Quebec at the Canadian Armed Forces base in Happy Valley-Goose Bay reported that they did not have a good understanding of the medical terminology used for mental health problems.

A certain reticence to talk about mental health issues, the lack of services in French in their community, the distance they needed to travel to reach the services, and a lack of confidentiality were among the obstacles noted that could hinder access to French-language mental health services.

Women were more likely to turn to informal resources, such as confiding in a friend, and to alternative or complementary approaches (yoga, meditation, advice on lifestyle changes, etc.). These resources seem to be more readily available in St. John's than in the other two regions. Men make up a smaller proportion of those who sought out information on the Internet or from co-workers than women, and a smaller proportion who called a mental health warm line.

Developing services in French. The survey revealed that most situations required Frenchlanguage services, but that anxiety, depression, and suicidal thoughts were cases in which these services were even more important. In addition, survey respondents indicated that "youth 12 to 25 years of age" was the category for which developing new mental health services in French was a priority, although they felt that providing services to the entire population was important. Perspectives on priorities varied among the communities we consulted: young people and seniors were priorities for people on the Port-au-Port Peninsula, adults and children in Happy Valley-Goose Bay, adults in Labrador City, and children, seniors, and immigrants in St. John's. Although all three regions have significant needs for mental health and addictions services, residents of the West Coast and northern Labrador are more isolated, and their needs appear to be greater than those of the St. John's area.

Resources that serve people at a distance from large centres, such as Telehealth, self-care apps, and warm lines for people in crisis meet the needs of young people. They are less appropriate models for seniors, who prefer services delivered in person. Participants emphasized the importance of circulating information about the availability of French-language services, including the services of interpreters, more widely.

Francophones would like to have access to more professionals who can speak French, as well as to services that meet the needs of a diverse population and respect confidentiality. As for the types of mental health services francophones in NL consider a priority, respondents considered the following most important: a) mental health guidance and counselling provided in person by a professional; b) access to specialists (psychiatrists); and c) warm lines or help lines for people in crisis.

Because francophone schools and organizations contribute to the promotion, prevention, and early intervention components of mental health and addictions treatment, respondents feel that they could play a greater role. People we consulted noted that schools serve as gathering places for francophone families in remote communities.

Inventory of mental health and addictions services

Compiling a non-exhaustive inventory of mental health and addictions services in NL gave us a better idea of the services currently offered: 23 resources and programs were identified. We grouped the services into the following categories: a) help desks, directories, service navigators; b) warm lines and help lines to support callers and direct them to the appropriate services; c) online resources; d) public sector services for mental health treatment and rehabilitation; e) community resources in mental health; and f) support groups.

Interviews with key informants

Interviews with key informants confirmed the issues raised previously. They also emphasized the importance of challenges related to the recruitment of mental health professionals and long wait times. Key informants recognized the potential positive impact of measures taken by the provincial government to reduce wait times, and in particular initiatives in e-Mental Health² and the addition of more walk-in clinics. Although the people

² E-Mental Health implements web-based tools and related technology, such as smartphone applications, to enable patients to receive care when they need it the most, regardless of their distance from their health provider (Mental Health Commission of Canada, 2017).

we interviewed acknowledged the fact that few French-language services were available, some pointed out that the demand seems to be inexistent or very limited. Obstacles they noted were the lack of bilingual professionals and financial resources.

However, evidence shows that Francophones in minority situations may be more inclined to request social and health services in the majority language. The reasons for this type of behavior are: the fear of having to wait longer for services; language insecurity in relation to their own French language skills; the past and current lack of services in French and the conviction that it is impossible to receive them; as well as the internalization of minority identity (Drolet et al., 2017). Evidence also highlights the importance of actively offering services in French when they are available.

Recommendations

Finally, our research led us to four recommendations for public decision-makers.

- A. <u>We recommend</u> that information about the availability of French-language mental health and addictions services and resources be systematically identified and widely circulated through targeted strategies.
- B. <u>We recommend</u> that a strategy be developed to build the awareness of mental health service providers regarding the importance of actively offering services in French.
- C. <u>We recommend</u> increasing the number and range of mental health services offered in French.
- D. <u>We recommend</u> building the capacity of organizations and schools in francophone and Acadian communities, so that they could play a more active role in mental health in the areas of promotion, prevention, and early intervention.