



ROUND TABLE ON THE MENTAL HEALTH OF FRANCOPHONES IN MINORITY COMMUNITIES

CHARLOTTETOWN, PRINCE EDWARD ISLAND, JUNE 22, 2010

SUMMARY

THE MENTAL HEALTH COMMISSION OF CANADA

SOCIÉTÉ SANTÉ EN FRANÇAIS

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HIGHLIGHTS – SUMMARY OF PARTICIPANTS’ EXPECTATIONS

- Ensure that this first Round Table marks the beginning of a period of sharing, fostering linkages and exchanges, networking and of greater solidarity around the issue of mental health;
- Create opportunities to discuss the issues and realities of Francophones living in minority communities, measure the impact on their mental health and identify possible solutions;
- Find ways to improve mental health services for minority Francophone communities, particularly in rural and remote areas;
- Share possible solutions, practices and lessons with caregivers from other provinces and territories;
- Draw people with mental health problems into discussions and act to break the isolation and overcome stigma;
- Enhance our understanding of the challenges faced by seniors and Francophone immigrants living in minority communities, and find possible solutions;
- Increase the visibility of Francophones in minority communities in articles and documents on mental health to increase government support;
- Produce and distribute mental health documentation in workplaces in order to make the general population more aware of this important issue;
- Convince policy makers and project funders that to receive mental health services in French is a right for those people who require such services and must be adequately funded;
- Inform the Mental Health Commission of Canada and Société Santé en français of specific issues relating to the mental health of minority Francophone communities and propose remedial solutions.

INTRODUCTION

The Round Table on the mental health of Francophones in minority communities was held on June 22, 2010 in Charlottetown, Prince Edward Island. Organized by the Mental Health Commission of Canada and the Société Santé en français, the purpose was to better understand the realities faced by minority Francophone communities. Discussions made it possible to identify key issues and possible solutions to improve mental health in these communities.

The twenty participants – mental health professionals, health services managers, representatives of community organizations and service users – came from all regions of the country and shared their expertise, their knowledge and their inspiring practices for transforming the mental health system. Discussions specifically highlighted the impact of living as a minority and put the emphasis on the search for solutions to improve mental health in francophone minority communities.

BACKGROUND AND OBJECTIVES OF THE ROUND TABLE

The Mental Health Commission of Canada wants to act as a catalyst for the transformation of the mental health system. To this end, they have undertaken various projects and initiatives, such as the development of a mental health strategy for Canada, the creation of a knowledge exchange centre, the anti-stigma/anti-discrimination initiative *Opening Minds*, the research project *At Home* dealing with homelessness and mental illness in five Canadian cities, the *Mental Health First Aid* programme and the *Peer Support Project*.

This Round Table is a starting point; issues will be explored and factors specific to Francophone minority communities will be gathered to nurture the national strategy the Commission wants to develop. The document *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy in Canada* presents the vision and seven goals for the transformation of the mental health system in Canada. The Commission wants participants' comments on these goals.

The Société Santé en français is a national organization that seeks to improve the health of Francophone minority communities and their access to health services in French. The organization includes seventeen French-language health networks active in provinces and territories where French is not the language of the majority population. Mental health is an issue that has been raised a number of times at general meetings of members of the Société.

For the Société Santé en français, this Round Table presents a wonderful opportunity to work in partnership with the Mental Health Commission of Canada. With the participants' contribution, the Société hopes to initiate the following:

- The development of a mental health strategy that takes into consideration the specific needs of Francophone minority communities;
- An approach to influence policy on the federal, provincial and territorial level;
- Strengthened support for mental health projects and initiatives in Francophone minority communities.

PRESENTATION OF THE BACKGROUNDER

Participants received the Backgrounder before the Round Table was held.¹ This document includes a demographic and socio-economic profile of Francophone minority communities, certain determinants of their health status, and a presentation of the Seven Goals for a Transformed Mental Health System. These goals are:

1. People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.
2. Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.
3. The mental health system responds to the diverse needs of all people living in Canada.
4. The role of families in promoting well-being and providing care is recognized and supported.
5. People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.
6. Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured and research is advanced.
7. People living with mental health problems and illnesses are fully included as valued members of society.

¹ *The Mental Health of Francophone Minority Communities: Backgrounder*, June, 2010, Mental Health Commission of Canada and the Société Santé en français, 20 p.

IDENTIFICATION OF THE KEY ISSUES

Participants first identified particular issues facing minority Francophone communities in achieving the strategy's seven goals. They also discussed the unique challenges regarding the journey toward recovery and well-being in minority Francophone communities.

The issues and challenges minority Francophone communities face in integrating a mental health strategy are:

- Access to mental health services in French that are integrated and continuous between the front line and specialized services: “When you have a mental health problem, in your head it happens in your mother tongue!”
- Mental health professionals who understand Francophone culture and who can support people in their recovery process: “How can we expect someone to fully master their own recovery if the professional doesn't understand their culture and way of thinking?”
- Increased funding for mental health services in French.
- Monitoring and follow-up in French: “When we use interpreters, a lot is lost in translation.”
- Improved services coordination: “We would need an entrance for Francophones to guide them to the right services and then a bridge between services.”
- Increase in the number of people working in mental health (it is necessary to “facilitate the retention of human resources”) and greater expertise developed with mental health caregivers;
- “To be a double minority: to be Francophone and have a mental illness!” “That is a difficult situation for people living with a mental health problem and for the caregivers!”
- Long waiting lists for cognitive behavioural therapies (medication prescribed while waiting).
- Survival of Francophone organizations in the field of mental health.
- Services that claim to be bilingual but don't provide ongoing services in French.
- Research in French is done primarily in Quebec, and few studies are carried out in areas where Francophones are the minority.
- Certain mental health documents do not take the needs of Francophones in minority situations into consideration and are not always available in French.
- Research by Canadian mental health associations on Francophone minorities is rare and funding is difficult to find: “We need to be more visible.”
- Francophones in minority communities experience little sense of belonging and feel isolated at times.

- The misconception that all Francophones live in Quebec sometimes results in biased research because linguistic and cultural differences are not taken into consideration: a participant explained that 8% of the homeless population in his home town are Francophone.
- The difficulties in reaching immigrant Francophone populations due to their different attitudes toward mental health and their tendency to seek help within their communities rather than at an institution. They are more likely to seek spiritual help than go for counselling.
- The lack of clinical tools for Francophones; the only tools in French come from Quebec.
- Certain bilingual or Anglophone mental health professionals are not very sensitive to the needs of their Francophone clients and are not always prepared to direct them to Francophone resources;
- “Programmes for the prevention of mental health problems are available to youth in the school system, but only in English.”
- The health-care system and mental health community work in isolation from one another. “Stigma is a difficult reality for people and for Francophone caregivers.”
- The difficulty in accessing mental health services in rural areas.
- “Following deinstitutionalization, we gave families the responsibility of looking after their loved ones, but we didn’t give them the tools to help them.” “Family members are not mental health specialists.”
- The current mental health system does not meet the needs of Francophones in minority communities.

Concerning the document *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada*, two participants explained that they found it difficult to believe that this vision would be feasible in minority Francophone communities.

“When you experience psychosis, you become disoriented,” one of the participants explained. When he was in a psychotic state, he saw people as either “good guys” or “bad guys.” Francophones were therefore the “good guys” and the French language brought him security and comfort.

Another participant explained that we need to rethink the whole mental health system and find supplementary and alternative resources to support people in their recovery process. “Medicalization isn’t everything”! We can reach minority Francophone populations through community-developed resources.

Furthermore, one participant believes that medicalization has its place in the mental health system. She adds that it’s up to qualified Francophone human resources (psychologists, nurses, social workers, etc.) to improve the accessibility of services in rural areas.

INSPIRING PRACTICES: WHAT WORKS WELL

Participants were asked to name inspiring or promising practices that could contribute to the development of a mental health strategy for Francophone minority communities, or that could resolve one of the issues identified in the preceding exercise.

Key practices for Francophone minority communities are the following:

- Project *Espoir* in Alberta's Francophone schools
- The *Mental Health First Aid* training programmes (<http://www.mentalhealthcommission.ca/Francais/Pages/Premierssoinsensantementale.aspx>)
- Interventions used at Horizons Renaissance (Ottawa). Arts workshops in particular. (<http://www.horizons-renaissance.com/>)
- Round Tables and initiatives to gather service providers around the same table
- Community caregivers anchored in the community
- The Website www.adosante.org and the partnership project *Jeunesse, J'écoute*
- The programme *Pairs-Aidants Réseau* (<http://www.aqrp-sm.org/projets/pairs-aidants/index.html>)
- Mental health presentations for adolescents (promotion and prevention)
- Wellness Fairs
- The creation of a window (on the Website) to obtain information regarding services provided in French
- *L'Élan s'envole*, a document produced by Horizons Renaissance describing the situation of Francophones in minority communities living with mental health problems. (<http://www.horizons-renaissance.com/>)
- The project *Agir! pour ma santé* (Manitoba): a programme offering a holistic approach to treatment for people living with light to moderate depression
- Hearst – Kapuskasing - Smooth Rock Falls Counselling Services: an organization serving small communities that are majority francophone, providing services in French (www.counsellinghks.ca)
- Our Voice / Notre Voix, a magazine that encourages people living with mental health problems to express their viewpoints and their own real experiences through writing, such as poetry, sketches and stories (<http://www.ourvoice-notrevoix.com/>)
- The *New Brunswick Mental Health Consumer*, which helps to break the isolation experienced by

Francophones with mental health problems (<http://www.nbmhcn.com/fr/index.html>)

- A consultation committee on health in eastern Ontario (an opportunity to exchange tools)
- Four Ottawa organizations want to join together to establish one gateway to community services in French
- Theatrical plays based on the experiences of people living with mental health problems
- The right to services in French in designated areas of Ontario: the French Language Services Act (<http://www.ofa.gov.on.ca/fr/loi-historique.html>)
- *Les trucs de Dominique*: a programme to develop anxiety and stress management abilities (<http://www.archambault.ca/trucs-de-dominique-lesprogramme-de-developpement-des-habiletés-de-gestion-de-lanxiété-et-du-stress-ACH002533909-fr-pr>)
- Centre La Boussole francophone for immigrants (Vancouver): a home-base (<http://www.cesoc.ca/fr/Boussole.htm>)
- Partnerships to reduce competition and the strength of these partnerships
- Telehealth
- La Société Santé en français: a model for Canadian partnership

DISCUSSION OF TOPIC AREAS IDENTIFIED BY PARTICIPANTS

During this discussion period, two major themes emerged: the challenge of ensuring access to bilingual services and to services in French, and the partnership possibilities with Quebec organizations.

“The lack of French-language resources is particularly glaring. It seems to be easier to work in a bilingual milieu since there are generally more resources than in francophone milieus. We need people to champion the cause of bilingual services and not only services in French.”

“Francophone governance with an understanding of the needs of Francophones is required to represent this community. However, an organization must also serve the Anglophone population to create a critical mass.”

It seems that if front-line services are sometimes provided in French, that is not the case for specialized services. Participants suggested including a Francophone supervisor to mental health teams who would be culturally aware and sensitive to the needs of Francophones.

The Université de Moncton and University of Ottawa train health care professionals in partnership with other universities.

The National Consortium on healthcare training (Le Consortium national de formation en santé) intends to implement a network of services for Francophones in minority communities.

Francophones do not always feel adequately represented in pan-Canadian mental health organizations. According to one participant: “Very few pan-Canadian organizations are truly bilingual.”

It would be interesting to explore new partnership possibilities with Quebec organizations. Such a collaboration should develop in the spirit of an exchange, while taking into account the specific needs of Francophones in minority communities.

PUTTING SOLUTIONS FORWARD: POSSIBLE STRATEGIC DIRECTIONS

Presentation of the document: potential solutions and strategic directions

Before the meeting, participants received the Backgrounder in which potential solutions and strategic directions (pages 17 and 18) as proposed by the Commission and by the Société were presented. Participants were then invited to formulate their own solutions for achieving each of the seven goals towards a transformed mental health system.

Here are the solutions proposed by the participants:

Goal One: *People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.*

1. Foster the creation of associations by and for people with mental health problems or illnesses.
2. Encourage the participation of people with mental health problems or illnesses in, among other things, mental health services planning.
3. Launch national campaigns to promote mental health.
4. Ensure that the population's needs are represented during the planning process for services and obtain the support of decision-makers, service providers and the general public.
5. Raise public awareness of mental health and recovery through education.

Goal Two: *Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.*

6. Establish a common terminology and launch a communication campaign.
7. Educate children and adolescents about the promotion of mental health and the prevention of mental illness.
8. Disseminate innovative best practices throughout the country.
9. Publish articles for national circulation on the determinants for mental health.
10. Develop a national strategy for the promotion of mental health and prevention of mental illness that is culturally relevant for Francophones and develop the necessary programmes and tools to this end.
11. Develop promotion campaigns that take into account Francophone culture.
12. Equip youth with the tools to manage anxiety, stress and change.

Goal Three: *The mental health system responds to the diverse needs of all people in Canada.*

13. Promote the implementation of a Francophone intervention and support team which would use mental telehealth, possibly on a provincial or national scale.
14. Create linkages between Francophone services.
15. Improve access to services for Francophones and make these services widely-known.
16. Establish single-entry access so that Francophones may be referred easily and quickly.
17. Use existing systems: coordination and service agreements.
18. Foster and strengthen networking among caregivers.
19. Build collaboration with French-speaking family physicians in different regions.
20. Create a single access line for specialized services: mental telehealth for Francophones.
21. Give preference to “case managers” over patient navigators. Furthermore, patient navigators should be closely monitored.
22. Use networking and contacts with health networks.
23. Support a collaborative network of organizations, professionals and francophone “champions” to create teams for the purpose of developing and assessing mental health services adapted to Francophones in minority communities, and produce evidence.
24. Create agency co-operatives in all health consortiums.
25. Create a network to connect caregivers and encourage training activities.
26. Increase networking among francophone mental health caregivers in northern and western Canada by telephone, email and videoconferencing.

Goal Four: *The role of families in promoting well-being and providing care is recognized, and their needs are supported.*

27. Define and understand families’ needs.
28. Actively offer services to families.
29. Obtain funding from foundations for activities in the mental health field.
30. Strengthen family and community capacities.
31. Encourage the formation and implementation of support groups for families and family caregivers.
32. Develop resources to encourage family integration in such a way that it does not become a burden for them.

33. Provide financial support to get family support groups off the ground and running.
34. Establish support groups in northern and western Canada.

Goal Five: *People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.*

35. Develop community mental health services and francophone spaces under francophone governance.
36. Create a provincial or national-level Centre of excellence and sharing for Francophones in the mental health field.
37. Create strictly Francophone teams to operate within Anglophone institutions.
38. Create a single window for exact information, referrals, reference and follow-up.
39. Have access to a mental telehealth service.
40. Ensure sufficient resources.
41. Consider the needs of all Francophone minorities in services development.
42. Explore the possibility of using spirituality as an approach for certain clients.
43. Establish linkages between community institutions and resources in French.
44. Develop internships in French in Nova Scotia (Saint Anne's University).
45. Work with all partners in the mental health field, not only with institutional services.
46. Decentralize services towards communities.
47. Work with all partners (Colleges, Universities, francophone organizations, Le Réseau, Société Santé en français, etc.) to identify, recruit and retain specialized human resources in various disciplines (nursing, family medicine, specialists, social workers, psychologists, and others). It is also necessary to support their work in providing services in French while ensuring that their workload is not heavier than that of their English-speaking colleagues;
48. Maximize funds for existing services.
49. Improve access to institutional services and access to alternative resources.
50. Rural and remote Francophone communities should encourage children and youth to take an interest in the mental health field.

51. Call attention to alternative resources and make them more widely known.
52. Improve access to training and practice models.

Goal Six: *Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured and research is advanced.*

53. Implement knowledge transfer strategies in collaboration with the Société Santé en français while ensuring the collaboration of Francophones in Québec.
54. Allow access to French-language resources in Quebec.
55. Create opportunities to share inspiring success stories.
56. Consider permanent partnerships with Quebec universities and mental health research networks. This should be a bilateral collaboration.
57. Create banks of experiential knowledge, inspiring practices, testimonies, examples of “coming together” and anecdotes.
58. Initiate research on experiential knowledge with the aim of influencing policy makers.
59. Motivate research politics to integrate the variables of both official languages into all research carried out in Canada.

Goal Seven: *People living with mental health problems and illnesses are fully included as valued members of Canadian society.*

60. Encourage inclusive communities.
61. Launch public relations campaigns on mental health.
62. Create support groups managed by people living with mental illness (Website, telehealth, etc.) to help those who share those difficulties.
63. Develop programmes facilitating the contribution of people living with mental health problems in the campaign against stigma, services planning and research.
64. Develop and encourage support systems among users and ensure that they are able to use them in their mother tongue.
65. Substitute the words “clients,” “patients” and “cases” with the word “people.”

Others

66. Promote environments that encourage comprehensive mental health.
67. Ensure that the Société Santé en français and networks become essential partners for the adaptation and implementation of the Commission’s strategy.

68. Promote mental health by creating living environments that encourage better health and by acting on social determinants (poverty, education, etc.) that can lead to mental health problems.
69. Organize a Mental Health Rendez-vous in French on a biennial basis.
70. Organize symposia on mental health in minority communities to encourage knowledge sharing and networking.
71. Organize health services fairs in French for caregivers and the Francophone population (such as the *Salon de la santé en français* held in Ottawa, 2010).

Priorities

Participants prioritized seven possible solutions:

- No.1. The Société Santé en français and networks: essential partners for the adaptation and implementation of the Commission's strategy.
- No.2. Organize a Mental Health Rendez-vous in French on a biennial basis.
- No.3. Support a collaborative network of organizations, professionals and francophone "champions" to create teams for the purpose of developing and assessing mental health services adapted to Francophones in minority communities, and produce evidence.
- No.4. Explore the possibility of using spirituality as an approach for certain clients.
- No.5. Develop and encourage support systems among users and ensure that they are able to use them in their mother tongue.
- No.6. Foster the development of community mental health services and francophone spaces under francophone governance and create a provincial or national-level Centre of excellence and sharing for Francophones in the mental health field.
- No.7. Strengthen community and family capacity.

CONCLUSION

The organizers thanked participants for their work, the spirit of collaboration that motivated the entire day, and the start made on work that has only just begun. Participants left with the desire to work collaboratively on a common goal: improving the mental health of Francophones in minority communities. These recommendations will be conveyed to the Commission, where representatives will decide how best to proceed.

The Société Santé en français would like to extend this collaboration with the Commission, and they are willing to use the results of this discussion to develop a strategy for the improvement of the mental health of Francophones in minority communities.

APPENDIX I: AGENDA

COMMISSION DE LA SANTÉ MENTALE DU CANADA SOCIÉTÉ SANTÉ EN FRANÇAIS

TABLE RONDE SUR LA SANTÉ MENTALE DES FRANCOPHONES EN SITUATION MINORITAIRE

Hôtel Delta Prince Edward, 18 rue Queen, Charlottetown (1-902-566-2222)
Salle Valient

ORDRE DU JOUR

8h	PETIT-DÉJEUNER SERVI SUR PLACE
8h30-9h	MOTS DE BIENVENUE <ul style="list-style-type: none">■ Introduction – <i>Les participants font part d'un souhait ou d'une attente à l'égard de la table ronde ou encore d'un aspect de leur vision pour l'implication des familles et cercles de soutien</i>■ Contexte et objectifs de la table ronde■ Survol de l'ordre du jour
9h-9h30	PRÉSENTATION DU DOCUMENT D'INFORMATION <ul style="list-style-type: none">■ Présentation du document d'information■ Commentaires des participants-es, questions ou précisions
9h30-10h30	PRINCIPAUX ENJEUX <ul style="list-style-type: none">■ Discussion en plénière
10h30-10h45	PAUSE-SANTÉ
10h45	PRATIQUES INSPIRANTES, CE QUI FONCTIONNE BIEN... <ul style="list-style-type: none">■ Travail en petits groupes■ Discussion en plénière
12h-13h	DÎNER SERVI SUR PLACE
13h-15h	LES SOLUTIONS À METTRE DE L'AVANT – ORIENTATIONS STRATÉGIQUES POSSIBLES <ul style="list-style-type: none">■ Présentation du document sur les pistes de solution ou orientations stratégiques possibles■ Commentaires des participants-es, questions ou précisions■ Travail en petits groupes■ Discussion en plénière
15h-15h15	PAUSE-SANTÉ
15h30	PRIORITÉS <ul style="list-style-type: none">■ Exercice des priorités
16h15-16h30	FIN DE LA RENCONTRE <ul style="list-style-type: none">■ Suites de la démarche pour chaque organisation■ Remerciements■ Cercle de fermeture