



A portrait of vulnerable English-speaking Communities in Quebec

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By the

Community Health and Social Services Network (CHSSN)

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Introduction

The Community Health and Social Services Network (CHSSN) is a network of over 70 community resources, associations, foundations and other stakeholders dedicated to the development, through partnership, of health and social services for English-speaking communities in Quebec. It was founded in 2000 by a group of community leaders who recognized the importance of mobilizing English-speaking communities to ensure better access to health and social services in English. The CHSSN has built the capacity of organizations across the province to become experts on the needs and realities of English-speaking communities. It has given communities the tools to be active participants in the improvement of accessibility of services in English. The CHSSN model has been recognized nationally and internationally as innovative by various stakeholders in the field of community development and health care for linguistic minorities.

The CHSSN has built an evidence-based strategy that has shaped federal support of English-speaking communities and promoted collaboration with Quebec and its health and social services system. The organization has been the community beneficiary of four Health Canada Contribution Programs since 2003. It has recently signed a new five-year agreement for 2023-2028.

This brief presents a portrait of the demographic and health determinants that underscore the vulnerability of English-speaking communities with respect to their health status and access to services in their language. This evidence base is at the heart of the current federal contribution supporting English-speaking communities and their partnerships with Quebec's health and social services network.

However, the emerging context of a renewed Official Languages Act presents an additional factor of vulnerability for English-speaking communities. This circumstance has been well documented in a brief of the Quebec Community Groups Network to the to the House of Commons Standing Committee on Official Languages in May 2022. The reference to Quebec's new language regime in the clause regarding federal-provincial cooperation could potentially reduce the scope for future federal support to English-speaking communities. A federal institution's obligation (for the CHSSN, Health Canada) to take positive measures would specifically recognize Quebec's *Charter of the French Language*. As pointed out in the Report of Standing Senate Committee on Official Languages on Bill C-13, English-speaking communities have called for the removal of references to Quebec's language regime from provisions of federal-provincial cooperation. The Report has noted that the Government of Quebec is opposed to this and is demanding that a framework agreement be concluded with the federal government to promote the implementation of Part VII of the Official Languages Act. The CHSSN is concerned that new measures governing federal support for English-speaking communities could be limited and have a negative impact on the vitality of English-speaking communities.

1. English-speaking communities: a socio-demographic profile

According to the 2021 census, the English-speaking population of Quebec grew in the 2016 - 2021 period, increasing from 1.1M to 1.25M. In 2021, English speakers represented 14.9% of the total Quebec population. The age structure of English speakers differs somewhat from Quebec's language majority. The proportion of English speakers aged 15-24 and 25-44 is higher when compared to Francophones in the same age categories. The proportion of French speakers is greater among those 45 -64 and 65 years and over. The proportion of seniors in the English-speaking population (15.5%) is substantially lower than that of the Francophone population (20.6%).¹

In the 2016 - 2021 period, Quebec's English-speaking population experienced growth in every age category. The highest level of relative growth was in the 65 and over age group. The highest level of growth in terms of absolute number was in the 25 to 44 age cohort. Population growth in Quebec's English-speaking population exceeded the majority in every age category with the exception of those 65 years and over. Quebec's French speakers experienced decline in the 15 to 24 and 45 to 64 year age groups.²

English speakers living in Quebec are more likely to have knowledge of both French and English when compared to the majority population. There is a higher level of unilingualism among Quebec's French-speaking majority in every age category. Among the Quebec population, the highest level of unilingualism is found among French speakers aged 0 to 14 years. Among English-speakers, the highest level of unilingualism is among seniors aged 65 and over. The highest levels of English-French bilingualism are among those 15-24 years of age for both language populations. The lowest level of bilingualism is among those 65 and over for both language populations.³

Because of the late arrival of the 2021 Canadian Census data describing regional English-speaking populations, the information is not available for this brief. However, The 2016 Census provides a picture of the variations in the size of regional English-speaking populations. Sizes range from large communities like the island of Montreal (600,000), Montérégie (156,200) and Laval (90,980), to tiny populations in regions such as Bas-Saint-Laurent (1,225) and Saguenay Lac-Saint-Jean (1,970).⁴ Among Official-Language minority communities in Canada, Quebec's English-speaking population is the largest, followed by the Francophone populations of Ontario and New Brunswick. Quebec Anglophones are second only to New Brunswick Francophones with respect to their percentage of the provincial population.⁵

1.1 Socioeconomic vulnerability

Quebec's English-speaking communities are experiencing socioeconomic vulnerability which poses a risk to health, particularly for certain sub-groups within the population. Income disparities are associated with lower health status and social inequalities.⁶ A 2012 study produced by the INSPQ shows "income inequalities are greater in the Anglophone population of Quebec at every level when

¹ J. Pocock Research Consulting, 2021 Census, Statistics Canada, 100% sample. The linguistic concept used is First Official Language Spoken, with multiple responses distributed equally. This data was presented to the CHSSN conference "Building Together" held in Quebec City, January 18, 2023.

² Ibid.

³ Ibid.

⁴ J. Pocock Research Consulting for the Community Health and Social Services Network (CHSSN) (2016/2017).

⁵ Ibid., p.51.

⁶ Institut National de Santé Publique du Québec (INSPQ) (May 2012) *The Socioeconomic Status of Anglophones in Quebec*. Gouvernement of Québec. p.24 http://www.inspq.qc.ca/publications/1494_SituationSocioEconoAngloQc.pdf

compared with Francophones”.⁷ According to the INSPQ study, income disparities by region and gender were greater among Anglophones, and these disparities were particularly high in the Montreal census metropolitan area. A composite socioeconomic indicator developed by the Department of Canadian Heritage also notes very high levels of socioeconomic vulnerability in Gaspésie – Îles-de-la-Madeleine, Nord-du-Québec, Abitibi-Témiscamingue, Côte-Nord and Estrie regions.⁸

The 2016 Canadian census tells us that the rate of unemployment is higher in Quebec’s English-speaking population (8.9%) compared to the francophone majority (6.9%). It is also much higher in some regional communities. For example, the unemployment rate of English speakers in Côte-Nord is 25.3% compared to 11.6% for French speakers. English speakers in Gaspésie experience an unemployment rate of 24.4% while that of their French-speaking neighbours is 15.1%.⁹

1.2 Visible minorities and immigrants

With respect to population diversity, more than one-quarter of Quebec’s English speakers are members of a visible minority group (29.8%). This level is much higher than that in the Francophone majority (9.7%). Some regional communities have a significantly greater proportion of visible minority members. For example, 45.3% of English speakers in RTS Nord-de-l’Île-de-Montréal and 41.9% in RTS Centre-Ouest-de-l’Île-de-Montréal belong to a visible minority group.¹⁰ English-speaking visible minority communities experience more socioeconomic vulnerability than other communities. One third (33.2%) of visible minority English speakers live below the low-income cut-off (LICO) compared to 17% of non-visible minority English speakers and 13.8% of the French-speaking non-visible minority group.¹¹

According to the 2016 Canadian Census, the proportion of immigrants within Quebec’s English-speaking population substantially outweighs the proportion of in the Francophone population. This is the case in every region of Quebec. Immigrants that are newcomers face challenges navigating the health system and establishing crucial community support networks. The highest concentrations of immigrants aged 15 and over who use English as their first official language are located in Montreal (49.6%) and Laval (47.2%). They are followed by Montérégie (34.2%) and Capitale-Nationale (37.7%). When the place of birth of English-speakers aged 15 or more is considered, over half of them (52.8%) were born outside Canada or in another Canadian province. In some regions, such as the Outaouais and Saguenay-Lac-Saint-Jean, approximately one-third of English speakers were born outside the province.¹²

2. Vulnerable English-speaking populations

2.1 Seniors

⁷ Institut National de Santé Publique du Québec (INSPQ) (May 2012) *The Socioeconomic Status of Anglophones in Québec*. This was a ground breaking report, as it was the first profile produced by the Quebec institute describing Anglophone socioeconomic vulnerability, and stating that language is a determinant of health status and service quality. Gouvernement of Québec, p.24. http://www.inspq.qc.ca/pdf/publications/1494_SituationSocioEconoAngloQc.pdf

⁸ Canadian Heritage (2015a). *Composite Indicators of Official- Language Minority Communities in Canada*. Gatineau: Research Team, Official Languages Branch, Department of Canadian Heritage.

⁹ JPocock Research Consulting for the Community Health and Social Services Network (CHSSN) (2016/2017). These calculations are based on a special order drawn from the 2016 Census of Canada, Statistics Canada.

¹⁰ RTS is « Réseau territorial de services », an administrative territory circumscribing service networks.

¹¹ JPocock Research Consulting for the Community Health and Social Services Network (CHSSN) (2016/2017). These calculations are based on a special order drawn from the 2016 Census of Canada, Statistics Canada.

¹² JPocock Research Consulting for the Community Health and Social Services Network (CHSSN) (2016/2017). These calculations are based on a special order drawn from the 2016 Census of Canada, Statistics Canada.

Aging communities

Of the one million English-speaking persons in Quebec, 159,670 are 65 years or older representing 14.5% of the English-speaking population.¹³ In many regions this proportion is much higher. For example, seniors represent 26.9% of the English-speaking population in the health region of de la Gaspésie, 25.2% in des Îles de la Madeleine and 24.5% in Bas-Saint-Laurent. In other regions, the proportion of seniors is lower yet notably greater when compared to that of French-speaking seniors in their communities. In the Estrie region, English-speaking seniors comprise 23% of their community, while French-speaking seniors make up 18.8%.¹⁴

Visible minority seniors

Quebec's English-speaking seniors differ notably from their Francophone counterparts in their likelihood to be members of a visible minority community. Among English-speaking seniors aged 55 to 64, 21.6% report a visible minority status compared to 4.2% of French speakers the same age. Of those 65 years and over, 15.5% of English speakers belong to a visible minority community compared to 2.6% of French speakers.¹⁵

Socioeconomic status

Many English-speaking seniors are living on a low income and have low levels of educational attainment. Canada's *National Population Health Survey* reveals that income and education are strong predictors of health and life satisfaction among seniors.¹⁶ Low socioeconomic status is linked to lower rates of health literacy and an increased risk of social and health-related problems. Among English-speaking seniors, 32.8% had an annual income of less than \$20,000 in 2016. There were 25,445 English-speaking seniors living below the low-income cut-off representing 15.9% of all English-speaking seniors. This is a higher rate than that among French speaking seniors (13.2%). Among the English-speaking elderly aged 85 and over, the poverty rate was 18.2%.

With respect to educational attainment, there were 84,915 English-speakers seniors who reported they had a high school certificate or less. They represented over half of English-speaking seniors (53.2%). Among English speakers 65 to 74 years of age, 48.5% reported a low level of educational attainment, while the rate was 57.3% for those aged 75 to 84. For seniors 85 years and over, 66.8% of them reported a high school leaving certificate or less.¹⁷

Vulnerable seniors

The *Special Senate Committee on Aging* has identified unattached seniors and those considered frail as a vulnerable group.¹⁸ The quality of life of the older age population living alone is strongly correlated with the level of support they are able to receive from public institutions, community

¹³ JPocock Research Consulting for Community Health and Social Services Network (CHSSN) (2019-2020). *Socio-demographic Profile of the Population Aged 65 and over*. Based on the 2016 Census of Canada. P.7. <https://chssn.org/documents/socio-demographic-profile-of-the-population-aged-65-and-over-province-of-quebec/>

¹⁴ *Ibid.*, p.7.

¹⁵ JPocock Research Consulting for Community Health and Social Services Network (CHSSN) (2019-2020). *Socio-demographic Profile of the Population Aged 65 and over*. Based on the 2016 Census of Canada. P.17. <https://chssn.org/documents/socio-demographic-profile-of-the-population-aged-65-and-over-province-of-quebec/>

¹⁶ Roberts and Fawcett, (2001). *At Risk: A Socio-economic Analysis of Health and Literacy among Seniors*. Statistics Canada: Ottawa. <http://www.statcan.gc.ca/pub/89f0104x/4151175-eng.htm>

¹⁷ JPocock Research Consulting for Community Health and Social Services Network (CHSSN) (2019-2020). *Socio-demographic Profile of the Population Aged 65 and over*. Based on the 2016 Census of Canada. P.33. <https://chssn.org/documents/socio-demographic-profile-of-the-population-aged-65-and-over-province-of-quebec/>

¹⁸ Senate Special Committee on Aging (2009), *Canada's Aging Population: Seizing the Opportunity*, <http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf>

organizations and any informal network still available to them. The CHSSN provincial survey (2018-2019) on access to health and social services reports the critical need expressed by both bilingual and unilingual English seniors for access to services in English across a spectrum of medical situations.¹⁹

Among English speakers, there were 46,165 aged 65 years and over living alone in 2016. They represented 28.9% of English-speaking seniors. For English speakers aged 85 and over, 45.5% reported living alone in 2016.²⁰ Many seniors cannot afford to cover the cost of private caregiving as an option to public resources. Among English-speaking seniors aged 55-64 years living alone, a substantial 42.7% were living in poverty compared to 32.3% of francophone seniors of the same age and in the same living arrangement. Within the frail elderly aged 85 years and over, 32.4% were living alone and below the low-income cut-off.²¹

Seniors may also be required to play the role of caregiver to a family member or friend, and in some cases to an adult child with special needs including mental health. A Statistics Canada survey cited by the *Special Senate Committee on Aging* noted that one in four caregivers were over the age of 65, with a disproportionate share of caregiving being borne by women.²² The Committee's report pointed to increasing vulnerability of seniors in situations where children have left communities, leaving seniors to look after seniors.²³

2.2 Children and youth

When the position of English-speaking children and youth is examined with respect to key determinants of health, a substantial proportion of this sub-group and their families can be considered at risk of poor health.

2.2.1 Children in vulnerable families

According to the 2016 census, there were 61,400 English-speaking children aged 0 to 5 living in Quebec.²⁴ Their regional distribution varies widely. There were 10,900 children in the health region of Ouest-de-l'Île-de-Montréal and 10,180 in Centre-Ouest-de-l'Île-de-Montréal. This contrasts with the 30 children in Bas-Saint-Laurent as well as in des Îles de la Madeleine. In this age group, 20,805 (33.9%) were members of a visible minority. This proportion was higher than in the French-speaking population of the same age (16.4%).²⁵ Parents of minors living in lone parent households were more likely to report food insecurity, display high levels of psychological distress and have more than one health problem compared to parents with other household arrangements.²⁶ In 2016, there were 8,825

¹⁹ Community Health and Social Services Network (CHSSN) 2019. *Baseline Data Report 2018-2019. Part 1 Telephone Survey. English- Language Health and Social Services Access in Quebec*, p. 169. <https://chssn.org/pdf/CHSSN-Baseline-Data-Report-2018-2019-part-1.pdf>

²⁰ JPocock Research Consulting for Community Health and Social Services Network (CHSSN) (2019-2020). *Socio-demographic Profile of the Population Aged 65 and over*. Based on the 2016 Census of Canada. P. 22. <https://chssn.org/documents/socio-demographic-profile-of-the-population-aged-65-and-over-province-of-quebec/>

²¹ *Ibid.*, p.27.

²² Senate Special Committee on Aging (2009), *Canada's Aging Population: Seizing the Opportunity*, <http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf>

²³ *Ibid.*, p.117.

²⁴ Community Health and Social Services Network (CHSSN)/Pocock, (2019). *Socio-demographic Profile of Children aged 0 to 5 and their Parents. Province of Quebec*. p.8. <https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/08/0-to-5-Profile-Quebec.pdf>

²⁶ For further discussion see Community Health and Social Services Network (CHSSN)/Pocock, (2008). *Baseline Data Report 2007-2008. Quebec's Social and Health Survey Information*. <https://chssn.org/document-tag/2007-2008-health-and-social-survey-information-on-quebecs-english-speaking-communities/>

English-speaking children aged 0 to 5 living in lone parent families (14.4%).²⁷ Among English-speaking lone parents with at least one child aged 0 to 5, 35.9% belonged to a visible minority compared to 17.1% of French-speaking lone parents.²⁸

With respect to socioeconomic status, 23.0% of English-speaking parents with at least one child aged 0 to 5 reported a high school diploma as their highest level of educational attainment in 2016.²⁹ Among English-speaking lone parents of this age group, 47.8% reported a high school diploma as their highest level of educational attainment. This rate was higher than that reported by French-speaking lone parents (38.7%).³⁰ There were 9,395 (15.3%) English-speaking children aged 0 to 5 living below the low-income cut-off, a higher percentage than that reported for the French-speaking population (10.6%).³¹ Among English-speaking lone parents of the age group, 30.5% of them were living below the poverty line, a higher rate compared to that of French-speaking lone parents (23.6%).³²

Developmental challenges

According to a 2017 report by the Institut de la statistique du Québec, kindergarten students whose mother tongue is English are proportionately more likely than their French mother tongue counterparts to be vulnerable in four of the five developmental areas featured in standard provincial testing.³³ In fact, 16% of English-speaking children are vulnerable in the “Physical health and well-being” area, compared to approximately 10% of French mother tongue children. The proportion of kindergarten students who are vulnerable in the “Social competence” area is 14% among English speakers and 10% among French speakers. For the “Language and cognitive development” area, 13% of English-speaking children are in a vulnerable situation, compared to 10% of French speaking children. Results also present a statistically significant difference between both linguistic groups for “Communication skills and general knowledge”. In this area, the proportion of vulnerable English mother tongue children is much higher than that of French mother tongue children (21% compared to 8%).³⁴

2.2.2 Youth

According to the 2016 Canadian census, there are 225,585 English-speaking youth (ages 15 to 29) living in Quebec forming a substantial 20.5% of their minority language population.³⁵ When looking at key indicators, they exhibit vulnerability as a group with respect to health.

Visible minority status

²⁷ Community Health and Social Services Network (CHSSN)/Pocock, (2019). *Socio-demographic Profile of Children aged 0 to 5 and their Parents. Province of Quebec*. P.15. <https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/08/0-to-5-Profile-Quebec.pdf>

²⁸ Ibid., p.26.

²⁹ Ibid., p.31.

³⁰ Ibid., p.31.

³¹ Ibid., p.16.

³² Ibid., p.41.

³³ Institut de la statistique du Québec (ISQ) (2017). *Vulnerable English-speaking Children: 2017 Quebec Survey of Child Development in Kindergarten*. Data analysis. https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/08/ISQ-EQDEM-Report_ENG-1.pdf

³⁴ Ibid., p.4.

³⁵ Community Health and Social Services Network (CHSSN)/Pocock, (2018). *Key Demographic and Socio-Economic Characteristics of Quebec's English-speaking Youth (15-29)*. <https://chssn.org/documents/key-demographic-and-socioeconomic-characteristics-of-quebecs-english-speaking-youth-15-29/>

While 29.8% of all English-speaking Quebecers are members of a visible minority community, this rate is exceeded by English-speaking youth (35.1%). The proportion belonging to a visible minority group varies widely between urban and non-urban regions. For example, 53.1% of English-speaking youth in Nord-de-l'Île-de-Montréal and 49.8% in Centre-Ouest-de-l'Île-de-Montréal are visible minority members. This is the case for only 1% of youth in Côte-Nord and Gaspésie. While 35.1% of English-speaking youth are visible minority members, the rate is 12.6% for French-speaking youth.³⁶

Socioeconomic vulnerability

When compared to the English-speaking population as a whole, English-speaking youth are more likely to experience socioeconomic vulnerability. Among this group, 23.6% are living below the low-income cut-off which is higher than the rate for the English-speaking population (17.8%). When comparing the two language groups, English-speaking youth are more likely to be living in poverty (23.6%) compared to their French-speaking counterparts (14.9%).³⁷

In 2016, 13.3% of English-speaking youth aged 15 to 29 were unemployed compared to 8.9% of the provincial English-speaking population. The variance between this age group and the provincial average was greater in some regions. For example, in Gaspésie, 31.4% of English-speaking youth were unemployed compared to 24.4% of the English-speaking community as a whole. When comparing English and French-speaking youth at the provincial level, 13.3% of English speakers were unemployed in contrast to 9.8% of their French-speaking counterparts.³⁸

Educational attainment

When looking at educational attainment within the English-speaking population, English-speaking youth were more likely than others to report a low level of attainment. In this group, 51.6% reported high school leaving or less as their highest level of educational attainment compared to 40.7% for the English-speaking population as a whole. With respect to the gap between English and French-speaking youth, 62.4% of English-speaking youth in the Estrie region reported having a high school diploma or less. This is in contrast to 53% of French-speaking youth with the same level of educational attainment. In Gaspésie, 64.7% of English-speaking youth reported low educational attainment compared to 53.5% of their French-speaking counterparts.³⁹ The education milieu links the rate of student success to the socioeconomic status of youth and their families. In 2020-2021, the Quebec Ministry of Education reported that 30% of the student population at the elementary and secondary levels attended schools considered disadvantaged according to a socioeconomic indicator.⁴⁰ For the nine English boards, 36% of their schools were identified as disadvantaged.

Mental health

³⁶ Ibid., p.4.

³⁷ Ibid., p.4.

³⁸ Ibid., p.5.

³⁹ Ibid., p.5.

⁴⁰ MEES. Indices de défavorisation des écoles publiques 2020-2021. www.education.gouv.qc.ca.

Schools located in disadvantaged areas are schools with a socioeconomic environment determined by an indicator measuring the low level of education of the mother and the level of parental activity in the job market.

In January 2022, the INSPQ published a report on disparities in mental health among Quebec high school students.⁴¹ The results reveal gaps in health determinant indicators some of which negatively affect students in English high schools. For example, a higher proportion of students in English schools reported a lack of support from their family. A higher proportion of students in English high schools slept less than recommended and had low overall self-efficacy (self-belief). The biggest gaps between English and French schools were related to violence at school or on the way to school. Students in English schools were considerably more likely to experience violence, which is consistent with previous survey (2010–2011), where students in English schools were twice as likely than those in French schools to report experiencing violence at school or on the way to school or being bullied online.

2.3 Persons with mental health problems and their caregivers

In the words of Sarah Bowen concerning mental health, “There is perhaps no other health area where diagnosis and treatment is as dependent on language and culture.”⁴² Support services like counselling for anxiety and depression rest upon effective communication. Furthermore, a substantial and compelling body of international research demonstrates that the reduction of language barriers increases participation in prevention activities; encourages timely presentation for care; reduces risk of misdiagnosis; improves patient understanding and adherence to prescribed treatment; improves rate of treatment success and improves overall trust in health authorities and the health system.⁴³ When asked how important it was to receive mental health services in English, 81.9% of 3,133 Anglophones surveyed across the province replied “very important.”⁴⁴

Persons dealing with mental health issues are likely to be more susceptible to social isolation as they age, given the multiple dimensions of aging that increase social isolation. In a profile of social isolation in Canada, it is determined that a lack in the quantity and quality of social contacts (family, friends, neighbours), living alone, and low social participation in community life are indicators of the risk of social isolation.⁴⁵ These factors affecting older community members living with mental health issues point to the need for more support for community resources aiming to reduce social isolation and provide service in English.

Pre-COVID-19

In 2012-2013, a sample of 3,171 English-speaking respondents across Quebec, aged 12 and over, answered the Statistics Canada *Canadian Community Health Survey* (CCHS) regarding their mental and emotional health.⁴⁶ According to this survey, when English-speaking minority communities across Quebec were compared with the majority language group in their territory, they exhibited a greater risk of poor mental and emotional health with respect to a number of indicators. For example, in 7 of the 12 regions reporting, Anglophone respondents reported a greater likelihood to have missed work due to chronic physical or mental health conditions compared to Francophones. In 7 of 7 regions

⁴¹ Institut National de Santé Publique du Québec (INSPQ) (January 2022) *Disparities in Mental Health and its determinants among Quebec high school students by language of instruction*.

⁴² Bowen, S. (2015) for Société Santé en Français (SSF). *Impact of Language Barriers on Quality and Safety of Healthcare*. P. 17. <http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S-LanguageBarriers-Study-1.pdf>

⁴³ *Ibid.*, p. 35-36.

⁴⁴ Community Health and Social Services Network (CHSSN) 2019. *Baseline Data Report 2018-2019. Part 1 Telephone Survey. English- Language Health and Social Services Access in Quebec*, p. 169. <https://chssn.org/pdf/CHSSN-Baseline-Data-Report-2018-2019-part-1.pdf>

⁴⁵ Final Report: A Profile of Social Isolation in Canada. Federal, Provincial, Territorial Working Group on Social Isolation (2006).

⁴⁶ Community Health and Social Services Network (CHSSN)/Pocock, (2015a). *Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*, https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/12/Baseline-Data-Report-2014-2015_Canadian-Community-Health-Survey-copy.pdf

reporting, the Anglophone respondents stated they were more likely to report high levels of stress as a barrier to improving their health. English-speaking respondents were less likely to have a positive attitude towards self. In 10 of 11 regions Anglophones outweighed Francophones when reporting a tendency to have feelings of failure. Anglophones scored lower than Francophones in the CCHS attachment scale which measures the quality of close relationships and emotional bonds.⁴⁷ As well, Anglophones scored less than Francophones with respect to having a regular place to go for medical advice (73.7% compared to 82.1%).⁴⁸

When considered by age, English speakers 45-64 years of age, often referred to as the caregiver generation, reported the highest rate of diagnosis of anxiety with the highest levels of anxiety found among women compared to men.⁴⁹ In the *Canadian Community Health Survey*, English-speaking youth (15-24) scored low on many mental and emotional health indicators when compared to other age groups within their language community, as well as compared to Francophones of the same age. Anglophone youth were less likely to report their mental health as excellent (31.3%) compared to francophone youth (43.5%). They were also less likely to feel they were a person of worth (44.9% compared to 53.7%) and less likely to have individuals upon whom they can depend (71.9% compared to 79.8%).⁵⁰

Impact of COVID-19

Studies of the psychosocial impact of the COVID-19 pandemic underline the decline in mental health among adults living in all regions of Quebec. Dr. MéliSSa Généréux, advisor to the Direction de santé publique de l'Estrie and INSPQ, reports that there are social groups that have been more affected by the pandemic than others. These at-risk groups are Quebec's adults aged 18-24, Anglophones and health care workers.⁵¹ In the words of Dr. Généréux, "In our study, 37% of adults aged 18-24 reported symptoms of anxiety or depression in the previous two weeks. It is concerning that a significant portion of young people are not doing well. It is equally striking that Anglophones are twice as likely as Francophones to have anxiety or depressive symptoms."⁵²

This trend is borne out by a survey of English-speaking men and fathers with respect to the impact of the pandemic.⁵³ This group was more likely than their French-speaking counterparts to have felt a negative impact of COVID-19 on daily life (74% compared to 66%); on financial health (27% compared to 21%); and were more likely to report high psychological distress (22% compared to 12%).⁵⁴ For the subgroup of English-speaking fathers, the rate of reported psychological distress was very significant (30% compared to 13%).

⁴⁷ Ibid., p.99.

⁴⁸ Ibid., p.71.

⁴⁹ Community Health and Social Services Network (CHSSN)/Pocock, (2015a). *Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*, p.12.

https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/12/Baseline-Data-Report-2014-2015_Canadian-Community-Health-Survey-copy.pdf

⁵⁰ Community Health and Social Services Network (CHSSN)/Pocock, (2015a). *Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*, p. 11,122 and 106.

https://10mae22rkruy1i4j5xh07m9u-wpengine.netdna-ssl.com/wp-content/uploads/2021/12/Baseline-Data-Report-2014-2015_Canadian-Community-Health-Survey-copy.pdf

⁵¹ *Actualités*, Université de Sherbrooke, <https://www.usherbrooke.ca/actualites/relations-medias/communiqués/2020/septembre/communiqués-detail/c/43547/>

⁵² *Actualités*, Université de Sherbrooke, <https://www.usherbrooke.ca/actualites/relations-medias/communiqués/2020/septembre/communiqués-detail/c/43547/>

⁵³ Jacques Roy. *Portrait of Men and Fathers in Quebec's English-speaking community and their Relationship to Service*. Pôle d'expertise et de recherche en santé et bien-être des hommes (CIUSSS de la Capitale-Nationale). January 2022.

⁵⁴ The data is drawn from a SOM survey done in 2021 of 2,740 men in Quebec of whom 392 were English-speaking.

As research begins to reveal the extent of the impact of COVID-19 on English-speaking communities, addressing barriers to access to mental health programs including prevention and treatment is emerging as a key priority.

3. Language and access: a community perspective

The CHSSN has consulted members of English-speaking communities about experiences in the French-language health system. A series of focus groups was conducted in 2019 in the Saguenay, Abitibi-Témiscamingue, Côte-Nord, Chaudière-Appalaches, Centre-du-Québec, Îles de la Madeleine and Bas Saint-Laurent.⁵⁵ The following summarizes their experiences.

Community members stated they try their best to understand French in order to communicate with service providers. They try to invite health professionals to take the time to listen and understand a person's attempts to communicate in French. They ask personnel to slow down when speaking French to ensure understanding the first time. Community members also believe that the stress of interventions in their second language has a negative impact on their health. This includes interpreting forms in French prior to medical procedures, trying to understand medical information such as diagnoses, or dealing with professionals in French at different points in the health system.

Community members noted that communication challenges when obtaining services in French, along with a lack of access to services in English, can create reticence to use the health system with potential consequences for their health. They noted that some people give up trying to receive services in English if they have encountered problems in the past, and then fail to seek help as a result. As well, not having English documentation in hospitals or clinics, especially consent and procedural forms, is a barrier to fully understanding interventions or patient requirements.

The experience of community members is reflected in the scientific literature documenting examples of how language barriers compromise the accessibility and quality of services. These include medication errors, misdiagnosis, less frequent and longer clinic visits, among others. In addition to the safety factors associated with poor communication, language barriers engender difficulties for English-speakers navigating the health and social services network. For service providers, issues with communication may mean that services are not provided to the same standard as those applied to others; or that informed consent to treatment is not adequately ensured.

The CHSSN supports the Quebec Ministry of Health and Social Services (MSSS) in affirming the importance of language in the delivery of quality health and social services. In its guide for the development of government-approved access programs, effective communication is deemed necessary to ensure that English-speaking persons are able to understand the services offered. Clear communication is considered vital in order to ensure the safety and quality of the services provided.⁵⁶

Conclusion

This brief has provided an updated sociodemographic profile of English-speaking communities that underscores their geographic and social diversity and the socioeconomic determinants affecting health status. The evidence highlights vulnerable populations that require particular measures to improve health outcomes. The community perspectives on access give voice to the challenges that

⁵⁵ CHSSN. *English-language Access to Health and Social Services in Québec, Baseline Data Report 2018-2019. Part 2 (focus groups)*. 2019.

⁵⁶ MSSS. *Guide pour l'élaboration de programmes d'accès aux services de santé et aux services sociaux en langue anglaise, cadre de référence*. April 2018.

face community members as well as health professionals committed to providing quality services, including to English-speaking communities.

In responding to these challenges, the CHSSN will continue to promote its evidence-based development model that has successfully mobilized English-speaking communities and created enduring partnerships with Quebec's health and social services system. With the contribution of Health Canada through federal action plans, the CHSSN will implement measures that aim to strengthen communities, adapt the health system to better respond to needs, and create the strategic information required to address new priorities and the challenges facing communities and the public system in the period ahead.