

Mental Health and Addictions services in Newfoundland and Labrador

The Needs of Francophones and Acadians in Five Communities in the Province

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

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Abbreviations and Acronyms

The following abbreviations and acronyms are used in this document.

AFL	<i>Association francophone du Labrador</i> (Francophone association of Labrador)
CCHS	Canadian Community Health Survey
CNFS	<i>Consortium national de formation en santé</i> (National consortium of French-language health education)
FAMC	Francophone and Acadian Minority Communities
FFTNL	<i>Fédération des francophones de Terre-Neuve et du Labrador</i> (Francophone federation of Newfoundland and Labrador)
HVGB	Happy Valley-Goose Bay
NL	Newfoundland and Labrador
OLMC	Official Language Minority Communities
WHO	World Health Organization

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 French-language 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 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. We recommend 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. We recommend that a strategy be developed to build the awareness of mental health service providers regarding the importance of actively offering services in French.
- C. We recommend increasing the number and range of mental health services offered in French.
- D. We recommend 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.

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).

1. Introduction

The *Réseau Santé en français* from the *Fédération des francophones de Terre-Neuve et du Labrador*, a network that promotes French-language health services, in partnership with the Department of Health and Community Services of Newfoundland and Labrador (NL), hired the Sociopol firm to conduct a study to identify the needs of francophones in NL in the area of mental health and addictions services. Data for the research were collected through community consultations, an online survey, interviews with key informants, an inventory of mental health and addictions services, and a review of the literature. The objective was to better understand issues of mental health and addictions in the francophone and Acadian communities in the province, and to develop recommendations for improving current service provision and access.

After introducing the main concepts and the methodology we used in our research, this report continues with four analytical sections. The first section describes the issues we found while conducting a review of the literature on mental health and addictions in NL, as well as the specific issues of FAMCs. The second section presents the context and an overview of mental health services in NL and a summary analysis of the services listed in Appendix B. The most promising initiatives are highlighted. The third section summarizes the major themes we identified in the five community consultation sessions we held and in the online survey. The fourth section presents the perspectives of mental health and addictions service providers. Conclusions and recommendations are proposed at the end of each section.

2. Terminology

For the purposes of this study, we used the World Health Organization (WHO) definition of **mental health**: “Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014).

Mental health **promotion** refers to the process of building the capacity of individuals and communities to take charge of their well-being and improve their mental health. Its goal is to increase the strengths, resources, knowledge, and assets related to mental health (Mouvement santé mentale Québec)³. In this sense, the state has a role to play through public policies aimed at improving living conditions (income, housing, etc.) and living

³ Mouvement santé mentale Québec. Promotion et prévention. (Website in French only.) Retrieved from <https://www.mouvementsmq.ca/sante-mentale/promotion-et-prevention>

environments (school, workplace, work reconciliation). -family, etc.). These living conditions exert an important influence on the mental health of the population.

In a similar way to promotion, **prevention** comes into play before mental health problems appear. In the area of mental health, prevention is intended to reduce or eliminate certain factors or living conditions that give rise to precarious mental health in individuals or that cause them to suffer from various disorders, and/or to help them deal better with these elements.⁴ In prevention, targeted strategies are the preferred approach; for example, support programs for recent immigrants or for youth experiencing difficulties at school may be implemented.

3. Methodological notes

This study was conducted between October 2018 and February 2019. Four methodological strategies were adopted and are described here.

Literature review

A non-exhaustive review of the existing research in scholarly and scientific publications was undertaken. Reports published by organizations involved in mental health services were also included. Three major topics were studied:

- Mental health and addictions issues in NL;
- Mental health issues in FAMCs in Canada and NL; and
- French-language health services offered to francophones and Acadians in NL.

Community consultations

Community consultations were organized in co-operation with representatives from local francophone associations and were held in francophone community facilities in Cap Saint-Georges, La Grand'Terre, Happy Valley-Goose Bay, Labrador City, and St. John's between November 18 and 22, 2018. Despite our promotional efforts, we were only able to speak to approximately twenty people at these consultations. This small number of participants is a limitation to this study.

A guide including the themes to address was used to structure the sessions. Discussions were recorded and transcribed to facilitate the thematic analysis.

⁴ Mouvement santé mentale Québec. Promotion et prévention. (Website in English only.) Retrieved from: <https://www.mouvementsmq.ca/sante-mentale/promotion-et-prevention>

Online survey

A survey with 24 questions was posted online from January 7 to February 1, 2019. Its objective was to generate more detailed knowledge about the mental health and addictions needs of Francophones in the different regions of Newfoundland and Labrador. When developing the survey, the researchers took existing information into account: the questionnaire addressed to young people in NL, launched by the provincial government in October 2018, and the questionnaire used in the Canadian Community Health Survey on Mental Health in 2012.⁵ Representatives of the *Réseau Santé en français* and members of the advisory committee for the project, formed of experts from the NL Department of Health and Social Services, offered suggestions to improve the survey. Responses were anonymous and measures were taken to maintain the confidentiality of the information. A total of 57 people responded to the survey.

Interviews with key informants

Telephone interviews with seven key informants from different areas of the province took place in February 2019. Before beginning the interview, voluntary and informed consent was obtained from each participant. The participants' answers remain confidential and the information was anonymized.

Inventory of mental health and addictions services

Entries for this non-exhaustive inventory of existing services were collected through searches of websites of programs and organizations and from online resources, such as Bridge the gApp. Individual entries synthesize the basic information about each service or resource in the area of mental health or addictions. Each entry includes the type of program or service offered, the clientele to which it is addressed, and whether services are available in French. The entries are found in Appendix B.

4. Summary review of the literature

This literature review provides a synthesis of approximately twenty articles and reports on mental health and addictions in Canada. More specifically, it examines issues in mental health and addictions in NL and specific issues in Official Language Minority Communities (OLMCs).

⁵ For more information about this survey, go to the website of Statistics Canada, Canadian Community Health Survey—Mental Health (CCHS). Retrieved from:
<http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5015>

Mental health and addictions issues in NL

The Canadian provinces which have low scores in the overall health rankings are Nova Scotia, Manitoba, Saskatchewan, and NL. In a study by the Conference Board of Canada (2018), these provinces have lower results in most indicators of mortality, which translates into poorer health and a lower life expectancy.

In terms of mental health, certain negative indicators are higher in NL than elsewhere in Canada. For example, in 2015-2016, alcohol consumption was higher in NL (25.7%) than in Canada as a whole (19.1%) (ICIS, 2015-2016). Similarly, the percentage of repeated hospitalizations due to mental illness was slightly higher in NL (13.1%) than the Canadian average (12.1%) (ICIS, 2015-2016). Suicide rates in certain rural or remote communities were higher than the provincial average, and the provincial average was higher than the Canadian average. To respond to this problem, health authorities have attempted to increase mental health services in recent years.⁶

The report of the NL All-Party Committee on Mental Health and Addictions

In 2017, NL's All-Party Committee on Mental Health and Addictions published a report that included a detailed analysis of mental health and addictions services in the province and recommendations for their improvement.⁷

The committee identified five common themes among the concerns expressed by NL citizens and their comments on priority improvements. These themes are:

- a) Need for improved mental health promotion and mental illness and addiction prevention;
- b) Better access to more services;
- c) Better quality of care;
- d) Need for improved policy and programming; and
- e) Need for strengthened community supports.

⁶ Smellie, S. (2017). Suicides in Grand Bank spark call for rural mental health services. Retrieved from: <https://www.cbc.ca/news/canada/newfoundland-labrador/suicides-grand-bank-mental-health-1.4246146>

See, also: Mental Health Commission of Canada (MHCC). (2018). Newfoundland and Labrador Becomes the First Province in Canada to advance National Suicide Prevention Project. Retrieved from: <https://www.mentalhealthcommission.ca/English/news-article/13390/newfoundland-and-labrador-becomes-first-province-canada-advance-national-suicide>

⁷ All-Party Committee on Mental Health and Addictions Report and Recommendations. (2017). *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System*. Retrieved from: https://www.health.gov.nl.ca/health/all_party_committee_report.pdf

The report identifies certain population groups as being especially vulnerable: Indigenous communities, youth, LGBTQ2S individuals, incarcerated people, and the staff of Her Majesty's Penitentiary and the Newfoundland & Labrador Correctional Centre for Women. The report also emphasizes the impact of experiences of colonization on Indigenous communities. These experiences have contributed to the loss of their culture, their language, and their identity. The social distress of Indigenous communities translates into mental health issues such as alcoholism, drug abuse, family violence, and suicide. Youth are especially affected by these problems.

The All-Party Committee did not consult with OLMCs, specifically, nor did it address the unique problems of these communities in its report or the action plan which followed.

The recommendations of the All-Party Committee on Mental Health and Addictions elaborate on the five themes mentioned previously and propose a series of measures that would lead to a continuum of programs and services moving from promotion, prevention, and early intervention to treatment. The recommendations for mental health promotion, prevention of mental illness, and early intervention in mental health include strengthened access to programs for young families, the development and implementation of a school health and wellness framework that would include early intervention programs, and the creation of regional interdisciplinary teams to provide timely mental health and addictions assessment and treatment for students. Another series of recommendations deals with increasing awareness in the community and the health system. The committee suggests that services could be delivered through technology (online, by phone, by webinar, etc.) as well as in person. Informal resources such as peer support were also mentioned. Other resources were also listed, including: emergency services; active psychiatric services for hospitalized patients; specialized services, including Assertive Community Treatment (ACT) teams, mental health and opioid addictions treatment programs, treatment centres for adults and youth; support programs and services specifically geared to youth, women, and seniors.

The recommendations proposed by the All-Party Committee and the idea of creating a continuum of services in the area of mental health have inspired the researchers' approach in their study of FAMCs in NL.

Mental health issues in FAMCs in Canada and NL

Over the past few years, researchers have started to explore the subject of mental health in FAMCs in more depth. A review of the research on health and social services for francophones living in minority contexts (Sauvageau, 2018) identifies 11 publications on this theme during the period from 2014 to 2016. The last issue of the scholarly journal *Linguistic Minorities and Society / Minorités linguistiques et société* was entirely dedicated to the topic of mental health and services for young francophones in minority

communities.⁸ Finally, recent analyses of data from the Canadian Community Health Survey published by Bouchard et al (2018) also examined the mental health of francophones in minority situations.

Three aspects are highlighted in these studies: the link between mental health, language, and identity in these communities; indicators of mental health and vulnerable groups; and use of and access to mental health services in these communities. A summary of the more relevant results of these studies follows.

Language barriers, identity, and mental health

The research showed that the language of communication is of greater importance where mental health services are concerned, compared to other areas of health. Indeed, services in mental health are more relational than technical and more psycho-social than biomedical (CCCFSM, 2001).

A report by *Réseau TNO Santé* reminds us of a fact that is widely documented in the research. It concerns language barriers in health care: “A clinical interview conducted in a language other than the patient’s mother tongue may lead to an assessment of the patient’s state of mental health which is incomplete or erroneous” (p. 2).⁹ The report also cautions that using the services of medical interpreters may involve a greater clinical risk than in other areas of health.

Despite a higher level of safety when users receive care in their preferred language, those who speak the minority official language are also dealing with minoritization (being marginalized through their minority status) (Bouchard et al., 2015; Bouchard and Desmeules, 2013), which may lead them to ask for services in the majority language. As for youth in OLMCs, some authors have pointed out that they are dealing with a double minoritization (Levesque and de Moissac, 2018) or even a triple minoritization (Beaton et al., 2015). In fact, many young people are afraid of social stigmatization and are less inclined to use certain services because they don’t want to be judged by their peers (Negura, Moreau and Boutin, 2014).

Mental health among francophones in minority situations and vulnerable groups

Although most studies recognize the effects of social determinants, such as language and culture, on mental health problems, few rely on the analysis of data collected across the

⁸ This thematic issue of the journal presents a synthesis of a research project entitled “Double minorisation, profils identitaires collectifs et santé mentale : quels sont les dispositifs de soutien chez les jeunes adultes francophones en milieu minoritaire?” funded by Canadian Institutes of Health Research (CIHR).

⁹ Réseau TNO Santé. (2018). *Santé mentale en français. Comprendre les enjeux et l’urgence de collaborer aux TNO.* (Article in French only.) Retrieved from: http://www.federation-franco-tenoise.com/wp-content/uploads/2016/04/argumentaire-SM-final-v.f_.pdf

Canada by researchers who take language into account. The analysis of data from the Canadian Community Health Survey—Mental Health (2012) (Bouchard et al. 2018) is an exception; this study presents an analysis of the mental health in OLMCs across Canada.¹⁰ The article informs us that members of the francophone population living in a minority situation, aged 15 years or more, perceived their health as excellent or very good (62.6%). Moreover, a large majority of francophone respondents in minority situations stated that their mental health was “thriving.” Despite the positive picture these comments paint, the proportion of the francophone population in minority situations who indicated they had experienced a mental health problem¹¹ during their lives (19.8%) was higher than the Canadian average (16.7%).

As was the case in the Canadian population as a whole, francophone women in minority situations were more likely than men to have experienced an episode of depression during their lives. The same was true for those 50 years and over, who more often reported having experienced an episode. Members of the francophone minority in the lowest income quintile (19.6%) were most at risk of experiencing an episode of depression, compared to those in the highest income quintile (10.2%).

Use of and access to mental health services by francophones

In studies of mental health services, a distinction is made between formal, professional resources (psychiatrists, physicians, etc.) and informal resources (family members, friends, co-workers, support groups, etc.). In 2012, 12.6% of francophones living in minority situations had consulted a health professional or been hospitalized for problems related to their mental health or their use of alcohol or drugs, and 14.9% of these individuals had turned to at least one informal resource, such a person in their social circle (Bouchard et al., 2018). Finally, 8.2% francophones in minority situations used both professional and non-professional resources (Bouchard et al., 2018). Youth were more likely to use informal resources (Bouchard, Batista and Colman, 2018).

Cardinal et al. (2018) raise the issue of the inadequacy of data on the active offer of mental health services, the fragmented nature of these services, and the difficulty people have obtaining them. The authors note gaps in the provision of French-language mental health services in Ontario.

¹⁰ The small sample size for OLMCs does not allow us to analyze data on a provincial level. As a result, specific data on OLMCs in NL are not available. The results of these analyses represent, nonetheless, a reliable source of information on mental health within the target populations.

¹¹ The category of mental health disorders encompasses three types of problems: an episode of depression, bipolar disorder, or generalized anxiety disorder. .

When asked about their satisfaction with mental health care, slightly fewer than half of francophone youth living in minority situations said they weren't satisfied with the mental health care they had received (Bouchard, Batista and Colman, 2018).

The same study revealed that rapid access to care would prevent mental health problems from becoming more serious. For this reason, it is important to have access to resources in a timely manner and in the language of the minority.¹²

The role of community groups in developing mental health services in the minority language has been the focus of a few studies (Thiffault, Lebel, Perreault and Desmeules, 2012; Arsenault and Martel, 2018). These studies examined, more specifically, the development of a community citizen action movement which led to the establishment of French-language mental health services for children in Ontario.

The inadequacy of health services for OLMCs, frequently mentioned in the research we looked at in this study, seems to be confirmed by the 2017 evaluation of the Official Languages Health Contribution Program (OFHCP). This report shows that, despite an increase in the number of bilingual graduates from programs funded through the OFHCP, French-language services are still offered in only a small minority of communities (22%) and health facilities in Canada (Health Canada and the Public Health Agency of Canada, 2017, p. 32). According to the same evaluation, health facilities in the two provinces with the highest OLMC populations, New Brunswick and Quebec, were more likely to provide these services. The report acknowledges that little research has been done to determine to what extent members of OLMCs really have access to health services in the language of their choice and, in the case they do, to what extent they are satisfied with the access.

5. Mental health and addictions services available in Newfoundland and Labrador

The next section presents the current state of service provision in the area of mental health and addictions in NL. It pays particular attention to the possibility of receiving these services in French. An examination of the websites of mental health and addictions organizations and programs in the province, as well as information gathered in interviews with seven service providers and government officials¹³ were the main sources of information presented in this section. Then, after presenting an overview of French-language health services and mental health and addictions services, this analysis provides

¹² See also: Radio-Canada, Ici Windsor. (2018). Les jeunes francophones déplorent le manque de services en santé mentale dans leur langue. (Article in French only.) Retrieved from: <https://ici.radio-canada.ca/nouvelle/1115533/jeunes-franco-canadiens-sante-mentale-francais-difficulte>

¹³ One of the organization's mandates was limited to awareness-raising.

a more detailed study of four types of services. The section ends with a presentation of the perspectives of the mental health and addictions service providers we consulted.

A non-exhaustive inventory of services and resources in mental health and addictions in NL is included as a list of entries in Appendix B.

French-language health services

Although health is mainly the responsibility of the provinces and territories, federal policies on health and the official languages also affect the way health and social services are delivered to OLMCs. Promotional programs have been developed as a result of the *Official Languages Act*, which encourage provincial governments to offer services to OLMCs by contributing to the cost of the program. Certain provinces, such as Ontario, New Brunswick, and Manitoba, have adopted laws and policies to provide a better framework for services to OLMCs. The government of NL adopted the *French Language Services Policy* in 2015.¹⁴ Until that time, there were no regulations governing French-language services in the province (RSFTNL, 2015). According to the *Réseau Santé en français de Terre-Neuve-et-Labrador*, the fact there were no regulations meant that measures to provide services in French were difficult to implement, despite the fact that the majority of Census regions had observed an increase in their francophone populations (2015).

The same report lists gaps in health services: the lack of a clear way to identify bilingual employees, the limited availability and the generally informal nature of interpreters' services, and the lack of francophone professional resources in villages where a high proportion of the population is francophone.

Services and resources for mental health and addictions

New services in the province were introduced following the publication of the *Towards Recovery* report and as part of the NL government's Mental Health and Addictions Plan (2017). Responding to the shortage of health professionals and long wait times, the government focused on two types of programs: online services and walk-in clinics.

Our inventory includes 23 resources and services. The information presented here groups them into six different categories.

Help desks, directories, and service navigators

The most comprehensive directory of mental health services offered by the provincial government is, no doubt, the Bridge the gApp website and application developed by the

¹⁴ Government of Newfoundland and Labrador. (n. d.). French Language Services Policy. Retrieved from: <https://www.servicenl.gov.nl.ca/frenchservices/english/default.html>

government. In addition, the Mental Health and Addictions Systems Navigator gives people the opportunity to speak to someone whose role is to direct people to the appropriate services provided by mental health and addictions professionals.

Given that these resources are available in English only, two other programs may be more useful, because they are available in French as well as English: *Aide thérapeutique en ligne (ATL)* / Therapy Assistance Online (TAO) and its *Bibliothèque d'auto-assistance* / TAO Self-Help Library, and the *Défi 30 jours pleine conscience* / 30 Day Mindfulness Challenge. While those two programs are geared to adults, the *Familles solides* / Strongest Families program, offered in French as well as English, is designed for children aged 3 to 18 and their families. The program originates in Nova Scotia and has been available in NL since January 2015. It is a virtual counselling service to which families, including military families, can be referred by family physicians, teachers, guidance counsellors, etc.

There are no navigation services available in French.

Warm lines and help lines to support callers and direct them to the appropriate services

This category includes help lines for adults and youth in crisis (Mental Health Crisis Line, Kids Help Phone / *Jeunesse, J'écoute*), warm lines offering empathetic listening (Channal Warm Line), and new resources, such a text messaging service which can be used in a crisis situation (Crisis Text Line). In all these cases, employees trained in health care reply to calls or messages. Kids Help Phone / *Jeunesse, J'écoute* is the only organization which offers service in French. Two employees of Channal Warm Line can provide services in French, but they are not always available.

Online resources

In general, these new technologies complement existing services and make it possible to respond more quickly to those in need. Some of the resources are administered by the Department of Health and Community Services, while others are contracted out to the private sector. There are self-help resources in English, and a new French-language program has been added: the *Bibliothèque d'auto-assistance du programme Aide thérapeutique en ligne (ATL)* / TAO Self-Help Library and the *Aide thérapeutique en ligne (ATL)* / Therapy Assistance Online (TAO); the TAO / ATL program puts people in touch with a counsellor who can help them online. The BreathingRoom program, designed specifically for youth, has also been introduced recently.

These programs give people access to materials online and/or enable them to speak briefly to a qualified counsellor on the phone, by text, or on a web-call. The importance of technology to assist with mental health problems was noted in the report of the Mental

Health Commission of Canada,¹⁵ and appears to be an option that is becoming more widespread in provinces and territories with a low population density. Among other positive outcomes of technology-based services are closer co-operation among service providers, increased access to services, and more active involvement of users in the management of their own mental health.

Public sector services for mental health treatment and rehabilitation (hospitals, abuse and addiction treatment centres, walk-in clinics)

This category encompasses psychiatric services and psychiatric units in certain hospitals (e.g., the Psychiatric Assessment Unit (PAU)—Waterford Hospital), and the provincial youth treatment centre (Tuckamore Centre).

The first example, PAU, provides psychiatric assessments 24 hours a day, 7 days a week, and psychiatric care for hospitalized patients, as well as on-call psychiatrists in other regions. The second example is a residential rehabilitation and treatment centre for boys and girls 12 to 18 years of age with complex mental health issues.

This category also includes 15 walk-in clinics developed by the government as part of its DoorWays project. The program is a demonstration project; an evaluation will assess the effectiveness of this type of intervention, which is based on a “Stepped Care” model. “A stepped care model is a way to organize the delivery of health care so that patients receive the least intensive treatment with the greatest likelihood of improvement” (MHCC, 2017). The DoorWays program provides early intervention services to people with low or moderate needs before their problems intensify; this makes it possible to reduce waiting lists.¹⁶

Community resources in mental health

The community sector provides services and resources for vulnerable populations such as homeless people, women with drug abuse problems or who are in conflict with the law, incarcerated people, etc. An example is Stella’s Circle, an organization which administers, among other resources, the Brian Martin Housing Resource Centre. The centre offers counselling services, advocacy and legal rights services, and other support services for people looking for housing. Channal and U-Turn are other examples of this type of resource.

¹⁵ The Mental Health Commission of Canada (MHCC). (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (the Strategy).

¹⁶ The Mental Health Commission of Canada. (n.d.) *Background—E-Mental Health Demonstration Project*. Retrieved from: https://www.mentalhealthcommission.ca/sites/default/files/2017-12/E_Mental_Health_Demo_Project_Backgrounder_Eng.pdf

Support groups

Support groups such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) are designed for people with problems with drug abuse or addictions, while groups such as Al-Anon and Naranon are intended to help their families and friends. The groups are widespread and can be found in most Canadian provinces. Their goal is to help people who suffer from addictions (including pathological gambling) to find solutions to their problems and to recover. They also offer free telephone services and weekly group meetings. Recently, these groups have begun using other technologies for meetings: web-calls, internet discussion groups, and texting, for example. A list of support groups operating in NL can be found in the Canada Drug Rehab Centres directory. Most groups are located in St. John's, but there are also a few groups on the West Coast, including three AA groups in Stephenville,¹⁷ Labrador City, and Happy Valley-Goose Bay.

Groups like these seem to lean towards individualized approaches. One service provider we interviewed mentioned that she has adopted an innovative approach based on problem-sharing and validating lived experience. The members provide suggestions as well as receiving them, and meetings are facilitated by a person with lived experience of addiction.

Innovative approaches to mental health and addictions

Some of the initiatives listed in the inventory were considered to be success stories in the All-Party Committee's report (The All-Party Committee on Mental Health and Addictions, 2017). This is true of the initiatives introduced by organizations in the community sector, such as the U-Turn Centre, Stella's Circle, Channal, Turnings, and Narcotics Anonymous, and others introduced by regional health authorities, such as Blomidon Place in Corner Brook, the Day Treatment program at St. Clare's Mercy Hospital, and the Hope Valley Centre (addictions treatment for youth) in Grand Falls-Windsor. Assertive Community Treatment (ACT) teams¹⁸ were also identified as promising ideas. Public awareness campaigns have helped people understand mental illness and overcome the stigma of mental illness.

In response to the *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador* report, the Mental Health Commission of Canada

¹⁷ Canada Drug Rehab Services Directory. Retrieved from:

https://www.drugrehab.ca/index.php?option=com_zoo&controller=zoofilter&task=dosearch&search_id=1809&app_id=3&Itemid=103

¹⁸ Assertive Community Treatment is intended for people with serious mental illnesses, whose condition is unstable and fragile. Sustained treatment with an interdisciplinary team is necessary to treat these problems, and must integrate the participation of a physician, as described in the Quebec government's [Plan d'action en santé mentale 2015-2020](#).

launched an e-Mental Health program for the entire province in 2017. Fifteen primary-care clinics in the community clinics are participating in the pilot project, which aims to reduce wait times and eliminate geographical barriers to access.¹⁹

As for specific programs for OLMCs, the Mental Health Commission of Canada launched a training program in mental health first aid for first responders, adapted for use in OLMCs.²⁰ This program provides training to people who will be able to assist those who have begun to show signs of a mental health problem and those who are experiencing a psychological crisis. Mental health first aid care can be provided until appropriate treatment is available or until the crisis has run its course. This program was mentioned during community consultations and interviews as a very helpful initiative, according to teachers in francophone schools, in particular.

The Mental Health Commission of Canada also considered the diversity of the Canadian population and noted the need for services which responded better to the needs of immigrants, refugees, and ethno-cultural or racialized groups. There are members of these groups within the francophone population living in minority situations.

The *Réseau Santé en français de Terre-Neuve-et-Labrador* (RSFTNL) took part in the INTACC project until 2017. INTACC addressed this situation by providing interpreters and support people to francophones to help them with medical and health appointments. The RSFTNL viewed these services as “a possible solution for improving access to French-language health services, while the optimal solution remains that of making bilingual health professionals available” (RSFTNL, 2015).²¹

More recently, a text messaging service which can be used in crisis situations (Crisis Text Line) is available to all NL residents who are in crisis and wish to speak to a qualified professional. The professionals are trained in active listening and help people find solutions through co-operative problem-solving approaches.

Perspectives of mental health and addictions service providers on French-language services

In general, service providers and health authorities responsible for mental health and addictions programs said that the problems for which adults most frequently needed their services were anxiety, depression, opioid addiction, and alcoholism. Mental health

¹⁹ Mental Health Commission of Canada. (2017). e-Mental Health Project to Improve Access to Mental Health Services in Newfoundland and Labrador and Lead the Way Nationally. Retrieved from: <https://www.mentalhealthcommission.ca/English/e-mental-health-project>

²⁰ Mental Health Commission of Canada. Mental Health First Aid. Retrieved from: <https://www.mhfa.ca/>

²¹ Réseau Santé en français Terre-Neuve-et-Labrador, 2015. Health Canada contributed financially to this project through the *Société Santé en français*.

professionals working with refugee and immigrant groups, more highly concentrated in St. John's, noted a prevalence of post-traumatic stress, as well as depression and anxiety. The shortage of professionals specialized in mental health and long wait times to obtain mental health care were mentioned as two major challenges in the province.

When asked about French-language programs, service providers and health authorities said few were available. Moreover, there was a consensus among key informants that there was low demand for these services. The manager of one program noted that, since 2015, the program had served only five francophone families in NL. A person representing a support group said the group did not offer services in French and did not know if there had been any requests to do so.

The perception of the low demand for services in French is well documented in research confirming that Francophones may be more inclined to request social and health services in the majority language (Bouchard et al., 2015; Bouchard & Desmeules, 2013; Forgues, Bahi and Michaud, 2017). This type of behavior can be explained by the fear of having to wait longer for services; the presence of 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). This work highlights the importance of actively offering services in French when they are available.

Some of the people we interviewed understood the challenges as well as the importance of offering these programs in French, as the comments of one respondent show: "Canada is a bilingual country and it is very important to offer services in both official languages." Nonetheless, other people commented that most francophones in the province were bilingual and that there was little demand for French-language services:

There is not a great demand for francophone services, and you know, especially given that we are a bilingual country and this is my experience, that the francophone community, they are bilingual [...]. And I don't know what the perception is, but there has to be a reason why we are not getting the request... The only thing that I can think of is that in this province, everyone that speaks French may also speak English.

In the opinion of some of the people we asked, existing services—such as the services of interpreters or by phone (CanTalk), and the informal services of "accompagnateurs" who support and interpret—were adequate in providing services in languages other than English. The people interviewed noted that posters publicized the fact that people could receive services in French in health care facilities in the St. John's area. However, they also said this information was rare or inexistent in other communities.

Key informants stated that the obstacles preventing French-language services from being offered were the shortage of francophone health professionals and the lack of financial resources for translating materials into French and updating them.

6. Analyses of community consultations

Consultations on the Port-au-Port Peninsula

a) Profile of the communities of Cap Saint-Georges and La Grand'Terre²²

The Port-au-Port Peninsula is located in western NL and, since 1971, is the only bilingual district in the province. Historically French, it remains one of the most popular areas for francophones and Acadians to live. According to data in the 2016 Census, La Grand'Terre has the largest proportion of people who speak both official languages (52.4%) (Table 1, Appendix A) of the five communities we consulted. In 2016, median household income levels in Cap Saint-Georges and La Grand'Terre were lower than provincial median incomes. Moreover, the unemployment rate was considerably higher in La Grand'Terre (Table 1, Appendix A) than elsewhere in the province. According to the National Occupational Classification, jobs in these communities most frequently fell into the following categories: natural resources, agriculture and related activities, manufacturing, and public utilities services.

b) Mental health and wellness challenges in these communities

According to the participants we met at consultations in the two communities, the socio-economic situation of Cap Saint-Georges and La Grand'Terre appeared to have an impact on the mental health of their residents and on their need for services.

In Cap Saint-Georges, due to job shortages, a large proportion of the youth in the community left NL to work in the oil industry in Alberta. While this type of exodus was, in the past, combined with frequent returns to the community, companies now seem to cover fewer of the workers' travel expenses than they did a few years ago. Furthermore, young people sometimes develop a drug abuse problem (frequently with cocaine) which, in some cases, leads them to commit theft or break-ins. Participants said that youth do not always perceive these behaviours as being problems, and do not necessarily seek out services to help them.

²² These data come from the 2016 Census of the Population (Statistics Canada). The table shown in Appendix A provides more details about the data.

The second problem which arose in discussions was alcohol consumption which, according to participants, was omni-present in Newfoundland culture. It is not rare for residents in the community to lose their driver's license; they then have to rely on a friend or family member to drive them to Alcoholics Anonymous meetings, since the nearest group meets in Stephenville, an hour away. Participants mentioned that the regional francophone association for the West Coast had tried to establish an AA group in Cap Saint-Georges, but so far its efforts had been unsuccessful.

A third problem is the isolation of seniors whose family no longer lives in the region. In some cases, these people develop a depressive disorder.

In La Grand'Terre, as in Cap Saint-Georges, many residents work outside the village or the province. Several families with children at the francophone school have seasonal jobs, in fishing and fish processing plants in Prince Edward Island, New Brunswick, or Quebec. In some cases, when both parents work in this type of seasonal job, grandparents stay with school-age children. As one respondent said, "They go away for 6 or 8 months at a time. If they could get work here, they'd definitely stay... It causes stress, because they have children and can't take their children with them."

In the last few years, jobs in the home care sector have offered a new opportunity for women in La Grand'Terre, allowing more of them to stay in the community.

Participants noted that, in general, people are very reluctant to speak about employment conditions in the community and the mental health issues related to them.

c) Satisfaction with mental health services

Participants discussed the lack of services in their communities, including services in English.

The fact that there are no support groups which could help participants with addictions has already been mentioned. To make matters worse, there are no formal mental health resources, either. There is only one family medicine clinic in Cap Saint-Georges, where a nurse clinician and a family physician share their time with another village nearby. The wait time for an appointment is approximately two months, and services are offered only in English.

On the Port-au-Port Peninsula, participants noted the fact that health services in general were located a long distance away. While some services are available in Stephenville, in particular a hospital, the city is an hour's drive away and travel is often very difficult in the winter. A medical appointment can mean an entire day away from home, which becomes costly. As one participant mentioned: "If you need to see someone, you call your family

doctor and you may have to wait a month before you can see them. If it's serious, they'll tell you to go to the hospital (in Stephenville)."

d) Services in French

Having services in French is important for some of the people we consulted, while others said they were used to receiving services in English. We should point out that most participants went to English school, because immersion programs and French-language schools were only available in Port-au-Port Peninsula starting in the 1970s and 1980s. In addition, young people who receive French-language education until Grade 12 in certain schools often continue their education in English and feel comfortable in both languages. There seem to be few unilingual francophones, and most are seniors.

Participants explained that, in the past, French was not valued, but French-language education is now viewed in a very positive way by the community, particularly because of the professional opportunities it provides for young people. One parent we interviewed said:

People who didn't go to a French school are jealous now, because our children who did go (to the francophone school) are bilingual and can find work, it's easier to find a job, it's special to speak a second language.

e) Factors which facilitate or limit access to French-language mental health services

Providing and circulating information is, according to many people, the main factor that facilitates access to health services, especially health services available in French. Participants said they knew about some of the resources available, including the directory of francophone health professionals produced by the *Réseau Santé en français de T.-N.-L.*,²³ but they added that there were no professionals who were able to provide services in French in their communities.

Distance is another challenge, given that residents of the Port-au-Port Peninsula have to go to urban centres to receive mental health care or take part in support group meetings.

Furthermore, in the two communities we consulted, participants said people did not usually request mental health services openly. For example, two respondents said: "It's not something we talk about in the community." In La Grand'Terre, two participants referred to cases of suicide in their community. These people had not asked for help, and their

²³ This directory is available on the Francophones of Newfoundland-and-Labrador web-portal. See: <https://www.francotnl.ca/en/services/health/repertoire-des-professionnels-de-la-sante-francophones/>

families had not noticed any warning signs. As one person said: “It’s something that is hidden, that we never knew about.”

Besides the fact that it is hard for people to talk about mental health, the lack of confidentiality in small francophone communities creates a major obstacle when it comes to asking for help with mental health.

f) Improving promotion, prevention, and early intervention resources

Participants were asked about the role that certain resources might play in promoting mental health in their region. Resources included schools, francophone community organizations, workplaces, and health resources that already existed.

Participants noted that **schools** already provide services to francophone students who have learning disabilities or are on the autism spectrum. The health professionals who work with these children are English-speaking and located outside the area. Participants with school-aged children expressed a strong preference to have services in their community. It was also noted that schools could play a bigger role in raising awareness among youth about drug use.

Organizations which represent francophones are involved in community activities or in advocacy with public decision-makers, to meet their goals of protecting francophone identity and facilitating access to French-language services.

g) Creating or improving services to better respond to the needs of the community

One participant thought that it would not be a good idea for mental health services to be directed to one specific group in Cap Saint-Georges. She felt that the needs young people were important to address, due to their use of drugs, as were those of adults in a culture that was too tolerant about excessive alcohol consumption.

One participant felt that seniors should be a priority, as they had little support in the community and were isolated. This suggestion was supported by other participants, who referred to the demographics of the community and the fact that the majority of Cap Saint-Georges residents were seniors (Table 1, Appendix A).

When asked which services should be created, the participants we consulted were not very enthusiastic about receiving remote services or services provided through technology, such as Telehealth and help lines, which they said did not meet the needs of their community or, in particular, the needs of seniors.

A suggestion was made to have set times when service providers from outside the community could be seen without an appointment at the local clinic. This is important for

residents who have problems that affect their mental health. Outside professionals would ensure confidentiality was maintained at these visits. Some clinics in NL already are part of the DoorWays program, where people can see professionals without an appointment or referral.²⁴ However, this service is not available to residents on the Port-au-Port Peninsula.

In La Grand'Terre, home care services seem to be well organized for seniors, although the program is recent, and services are provided only in English. On the other hand, seniors count on the support of natural or informal caregivers, as one of the people we interviewed mentioned:

My mother, for instance, lives alone, has dementia, and she has a person to help her 7 days a week (35 hours a week). All her children live nearby and take turns staying with her at night.

Despite the fact that home care services may be available, some seniors refuse to use them; they say they do not want a person they do not know in their home. People also said training was available for informal caregivers. These services are particularly important, because there is only one residence for seniors in the region, and only independent seniors are admitted. Services are provided in English. In villages on the Port-au-Port Peninsula, where young people often leave to work elsewhere, parents expressed concern about their future, because young people are unlikely to return to live in their village. In spite of the economic constraints facing small villages on the coast, residents value the quiet life-style when they are raising their children, and the close-knit community, both of which act to protect residents from stress, anxiety, and depression. One respondent explained:

Here, children can play outside, take off on their bikes to go to the store without us worrying, but in the city I wouldn't let them leave home by themselves on their bikes. The store is 10 minutes away from home, you never know what might happen... Everyone knows each other around here, that's the difference.

Consultation in Happy Valley-Goose Bay

a) Profile of the community of Happy Valley-Goose Bay²⁵

The city of Happy Valley-Goose Bay, located in central Labrador, is the city with the largest population in the region: 8,109 inhabitants. The city is home to a Canadian Armed Forces

²⁴ Bridge the gApp. DoorWays Walk-In Counselling (12yrs+) directory. Retrieved from https://www.bridgethegapp.ca/adult/service-directory/service_directory_tag/doorways-walk-in-counselling-12yrs/

²⁵ These data come from the 2016 Census of the Population (Statistics Canada). The table shown in Appendix A provides more details about the data.

air base. The military base is much less active than it once was. However, of the five communities in which we held consultations, it is Happy Valley-Goose Bay that has had the greatest population growth, with an increase of 7.2%; St. John's is a distant second with a 2.5% increase. Like Labrador City, Happy Valley-Goose Bay has a large proportion of young people (Table 1, Appendix A) and a lower proportion of seniors. Few residents of Happy Valley-Goose Bay know French; the proportion is 3% or less. Household and individual incomes are higher in Labrador City and Happy Valley-Goose Bay than in the three other communities we consulted. Moreover, Happy Valley-Goose Bay has the lowest unemployment rate of the five communities. Public administration, health care, and construction are the main employment sectors in the city. Construction projects such as dams on the Churchill River, including the one in Muskrat Falls, are an important source of jobs in the area.²⁶

b) Mental health and wellness challenges in these communities

The discussion in this community was influenced by the participation of two women who were close to military personnel posted at the Canadian Forces Base Goose Bay. These participants said that being in Labrador when their families and friends were far away, the harsh climate, and the limitations of living in a small community were major challenges for them. These factors had a negative impact on their mental health and their relationships with their partners. Both women said they did not know much about the problems in the larger community, because they had lived in the region for less than two years. Nevertheless, they said they were aware of certain problems associated with addictions; one participant noted that excessive alcohol consumption and family violence were challenges in the community.

The participants said they had tried to find mental health resources themselves but had not found any services in French, either on the base or outside it. They said that a physician works full-time on the base, but this person was a generalist and a unilingual anglophone.

c) Satisfaction with mental health services

We were told that, at the hospital in Happy Valley-Goose Bay, only one generalist physician and one radiology technician could provide services in French. The two social workers hired by the hospital were anglophones. The hospital does not offer interpreters' services in a formal way.

²⁶ Nalcor Energy. Employment. Retrieved from: <https://muskratfalls.nalcorenergy.com/employment/>
Some people said that the company responsible for this project had laid employees off in 2017; nearly 500 people lost their jobs at the time.

d) Services in French

Participants said that it was very important to be able to communicate in French when mental wellness was a concern, especially because they did not have a solid knowledge of the English medical terminology in mental health.

e) Factors which facilitate or limit access to French-language mental health services

The participants could not identify any factors that facilitated access to French-language mental health services. The lack of confidentiality, due to the small size of the community, was cited as a major challenge for requesting services, even in English. Although a professional on the base offered spiritual assistance, the fact that this person attends the same activities as community members meant that it seemed difficult to establish the professional distance necessary in this type of situation.

f) Improving promotion, prevention, and early intervention resources

The francophone school in Happy Valley-Goose Bay had 32 students in 2018, from kindergarten to Grade 7. Because of the military base, the number of students varies more in this school than in other francophone schools in the province and has had as many as 40 students. The school also has a preschool program run by the parents' association in the community (*Fédération des parents francophones*). Some students from the Innu community attend this school.

As in other communities, the school already plays a role in mental health, as well as in the prevention of mental health problems and in early intervention. The services offered at the school are in French and are delivered through the school district. Services in speech language pathology and psychology are provided by videoconference by professionals in St. John's. Participants said these services were not always available in French. One participant said her French-speaking daughter had received audiology services in English. The assessment and diagnosis, in this case, were done in Quebec City. Unlike the other communities we visited, services offered remotely were well received here, by both officials and parents. However, the participants noted that it would be preferable if all services were offered in French.

The French-language school also serves as a gathering place for the francophone community of Happy Valley-Goose Bay, and more so than on the West Coast and in Labrador City, as this city has no francophone organizations.

g) Creating or improving services to better respond to the needs of the community

The participants identified two groups to which new services should be directed: adults and young families. As mothers, they understood that parents needed to be physically and emotionally healthy to be able to meet the needs of their children; the lack of services in French meant that this was not currently the case. Isolation and the lack of services created tensions in their relationships with their partners. No sources of help are available in this situation, and participants said that many couples separate as a result.

The participants wanted to share their personal experiences so improvements could be made to services and new families who were posted to the Canadian Armed Forces base or moved to the city in the future could benefit from them. The length of a posting at this base is generally two years, but it can be extended to three years. Neither of the women wanted to extend her stay in Happy Valley-Goose Bay.

It is important to remember that, compared to the Port-au-Port communities, the population of Happy Valley-Goose Bay is demographically younger and has a high birth rate (2 or 3 children per family). This is a community that is growing and changing, as we mentioned earlier.

Consultation in Labrador City

a) Profile of the community of Labrador City²⁷

The population of Labrador City was 7,220 in 2016. This city is located in western Labrador, 27 kilometres from Fermont, Quebec, and less than 10 kilometres from Wabush, where the nearest airport is located. These three cities share an economy based on extractive industries, especially the extraction of iron ore. Western Labrador is the site of the Churchill Falls hydroelectric plant, one of the largest in the world, and more developments such as the Lower Churchill project²⁸ may contribute to further growth and prosperity of the area in the future. Despite an apparently dynamic economy, Labrador City's population dropped in the period between the Census of 2011 and that of 2016. Its demographic structure is characterized by a young population and a higher proportion of employed workers than the provincial average (Table 1, Appendix A). The proportion of Labrador City residents who speak French is 3% or less. With a low unemployment rate, the individual and household incomes are higher in Labrador City than the provincial median.

²⁷ These data come from the 2016 Census of the Population (Statistics Canada). The table shown in Appendix A provides more details about the data.

²⁸ Labrador West. Why Do Business Here? Retrieved from <https://labradorwest.com/work/why-do-business-here/>

b) Mental health and wellness challenges in these communities

Participants explained that extraction industries had an influence on the demography of the three cities and on the use of health services. The population is highly mobile and composed in large part of workers who “commute,” spending a few weeks in the mine and then returning home for two weeks. These workers live in buildings owned by mining companies, which have residences, cafeterias, sports facilities, etc. According to the people we talked to, workers rarely go to facilities in the city and do not use health services in Labrador City. The local population is made up of residents who work in the service and trade sectors with mining companies and their subcontractors.

c) Satisfaction with mental health services

Residents use local health resources, including Labrador West Health Centre.²⁹ A certain number of itinerant health professionals come to the hospital regularly, including mental health and addictions specialists.

A directory of professional services is posted on a related site. It lists services available in Labrador City and Wabush.³⁰ Even though support groups such as Alcoholics Anonymous and, more recently, the DoorWays program, are available in Labrador City, this information is not listed in the professional services directory.

d) Services in French

The participants we spoke to had not used mental health services, but they explained that health services were generally available in English only. However, the hospital uses the services of interpreters for francophones, including the residents of Fermont.

e) Factors which facilitate or limit access to French-language mental health services

The participants felt the government of NL was making efforts to better serve the francophone population. Nonetheless, they noted that the small, dispersed population represented major challenges.

As in Happy Valley-Goose Bay, in Labrador City the people we consulted in said that the NL government’s website was a good source of information in French, and that they appreciated it.

²⁹ This hospital has 28 beds, 14 of which are reserved for Level 3 and Level 4 care. Surgeries are performed there, but most complex cases are sent to St. John’s or Sept-Îles, QC.

³⁰ See: <https://labradorwest.com/stay/social-infrastructure/health/>

f) Improving promotion, prevention, and early intervention resources

Like *École Boréale*, the *Envol* educational centre benefits from the resources offered by the NL francophone school district. These services are funded by the province's Department of Education. The 30 students who attend the educational centre have access to a speech language pathologist and a guidance counsellor, both of whom connect with them remotely, as is the case for the first communities we consulted. Their services are in French.

For some students, remote services seem to work well. However, the participants emphasized the fact that a relationship of trust must be established between students and professionals; this is not always possible. Technology and the personality of the professionals are both factors that influence the quality of the relationship as well as the effectiveness of the process, according to the participants. They also mentioned that sessions were sometimes interrupted because of a weak Internet connection or appointments cancelled because a professional was ill or away.

g) Creating or improving services to better respond to the needs of the community

Asked which services could be improved or created to meet the needs of the community, the participants noted that alcoholism was a problem, as well as the abuse of certain drugs. They added that services for this type of problem were necessary for the community. Adults would be the target clientele for these services.

Consultation in St. John's

a) Profile of the community of St. John's³¹

The population of St. John's, capital of NL, is 108,860. In terms of its demographic structure, like Cap Saint-Georges, St. John's has a low proportion of young people compared to the other communities discussed in this study, and a higher proportion of people 65 years and over. The official language spoken by the majority of St. John's residents is English. Like HVGB and Labrador City, the proportion of French-speaking residents is 3% or less.

The unemployment rate in St. John's (8.9%) is noticeably lower than that of the province as a whole (15.6%), and the main employers are in the health care sector.

³¹ These data come from the 2016 Census of the Population (Statistics Canada). The table shown in Appendix A provides more details about the data.

b) Mental health and wellness challenges in these communities

Anxiety, depression, and prescription drug abuse were the mental health problems noted by those who took part in the community consultations in St. John's.

c) Satisfaction with mental health services

According to the participants at the consultation session, mental health services in English seem to be adequate, but insufficient services are available in French. In some cases, people are unfamiliar with the services, and as a result the services are underused. As in the other communities where consultations were held, participants emphasized the shortage of psychiatrists in the province.

Some participants expressed the opinion that French-language services were not essential, given that their family and friends spoke English and they were comfortable speaking it, as well. For other participants, however, access to services in French was important and especially when it comes to mental health services. They would also appreciate having a francophone family doctor.

A poster announcing bilingual services in the hospital emergency department had been in place for some time according to one participant, but not all the participants had seen this poster. Some people noted that interpreters' services from Eastern Health NL were available for the entire population, but, according to the participants, many people did not know about these services or use them.

Lastly, participants said it would be important to have a francophone nurse in the schools, because the one working there did not speak French fluently.

d) Factors which facilitate or limit access to French-language mental health services

According to the participants, both interpreters and bilingual professionals would improve the access to mental health services in French. However, some participants thought it would be more realistic to put interpreters' services in place, even though having access to bilingual professionals was the preferable solution.

More flexible schedules, walk-in clinics, the establishment of a bilingual community health centre, support groups, and a navigation service were also presented as ways to facilitate access to French-language services.

As mentioned in the communities discussed above, participants noted that confidentiality and the reluctance to talk about mental health represented barriers to access. In addition, some participants suggested that mental health services should be available outside the

hospital: “Hospitals are scary. If the service is outside the hospital, it’s less intimidating to go.”

e) Improving promotion, prevention, and early intervention resources

Nurses and social workers represent two essential resources for promoting mental health, according to those who attended the consultation session in St. John’s. As one participant noted, “In schools I went to, there was a social worker who met with students privately and another social worker who was more “social” walking around the hallways, she was friends with everybody.”

As in the other communities we consulted, a guidance counsellor hired by the NL francophone school district was assigned to francophone schools in St. John’s. Participants noted that an information sheet on mental health issues could help with prevention.

f) Creating or improving services to better respond to the needs of the community

Improving French-language services should begin with emergency services and by grouping French services together in a single location, the participants told us.

Participants expressed their opinions on Telehealth, interpreters’ services, and navigation services. One participant said that, if she was sick, she would prefer using the services of an interpreter who was there in person first. Later, she could have more extensive conversations with a bilingual professional through Telehealth or applications that included interpreting. Navigation services were considered helpful and reassuring.

Participants identified young people, seniors, and immigrants as the groups that would be a priority when developing new services in the St. John’s area. According to one person we interviewed: “I have African neighbours—a family—who have been in NL for at least five years, and they don’t really speak English. It would be useful to have French services for them.”

Compas, a settlement services organization which offers a wide variety of services to francophone newcomers, was mentioned as a potential partner to link immigrants and health services in general, and mental health services in particular.

Although services using new technology may be attractive to youth, the same cannot be said for seniors. This opinion was expressed by residents of the Port-au-Port Peninsula, as well. Another recommendation addressing the needs of youth was to establish partnerships with elementary and secondary schools.

The importance of having access to competent and experienced professionals, such as social workers and psychologists, was emphasized, as was the importance of circulating information on mental health widely.

Support groups could contribute to improved services, by organizing discussions on depression, anxiety, informal caregivers, and other topics that affect the population in general. They would meet the needs of people who wanted to share their experiences in groups, while other professional services would better serve people who were more comfortable with a one-on-one approach. Both models are important, according to the participants.

Those who took part in this consultation, like those in Cap Saint-Georges, said that French was valued, especially by young people who were visibly interested in learning the language, as these comments show:

When I moved, I went to school; they heard my accent. They said: “I didn’t know there were francophones in NL.” They wanted to learn French. The young generation is really interested in learning French.”

1. Analysis of the results of the online survey

This section presents the perspectives of respondents on the issues, needs, and ways to improve mental health and addictions services in French. Their ideas were collected through an online survey. In Appendix C, there are other tables and graphs that are not included in this section.

Profile of respondents

The population targeted by the survey was the five communities where francophones in the province most frequently live, the same communities where the community consultations were held: St. John’s, La Grand’Terre, Cap Saint-Georges, Happy Valley-Goose Bay, and Labrador City.

Of the 57 people who completed the questionnaire, 70% were women and 26% were men. The distribution of respondents by age group corresponds to the overall structural profile of the province’s population as a whole.³² Thus, at the time they answered the survey questions, 18% of the participants were between 18 and 29 years of age, 51% between 30 and 49, 23% between 50 and 64, and 9% were 65 years and over. On average, the female participants were younger than the males.

The majority of respondents lived in the St. John’s area (58%). The francophone population of the West Coast (La Grand’Terre, Cap Saint-Georges, and Stephenville) represented

³² Statistics Canada. Chart 3.2 Age Structure of the French-mother-tongue population, Newfoundland and Labrador, 1971 and 2006. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/89-642-x/2012011/c-g/c-g32-eng.htm>

almost a third (28%) of people surveyed, while residents of northern Labrador (Happy Valley-Goose Bay and Labrador City) were a smaller group (14%).³³ A majority of these people spoke French as their mother tongue (65%), while approximately a quarter of them spoke English as their mother tongue (26%). Regarding the official language in which they felt most comfortable, an equal proportion said it was French (45%) and both official languages (40%); approximately one-fifth of respondents said it was English (19%).

Social issues

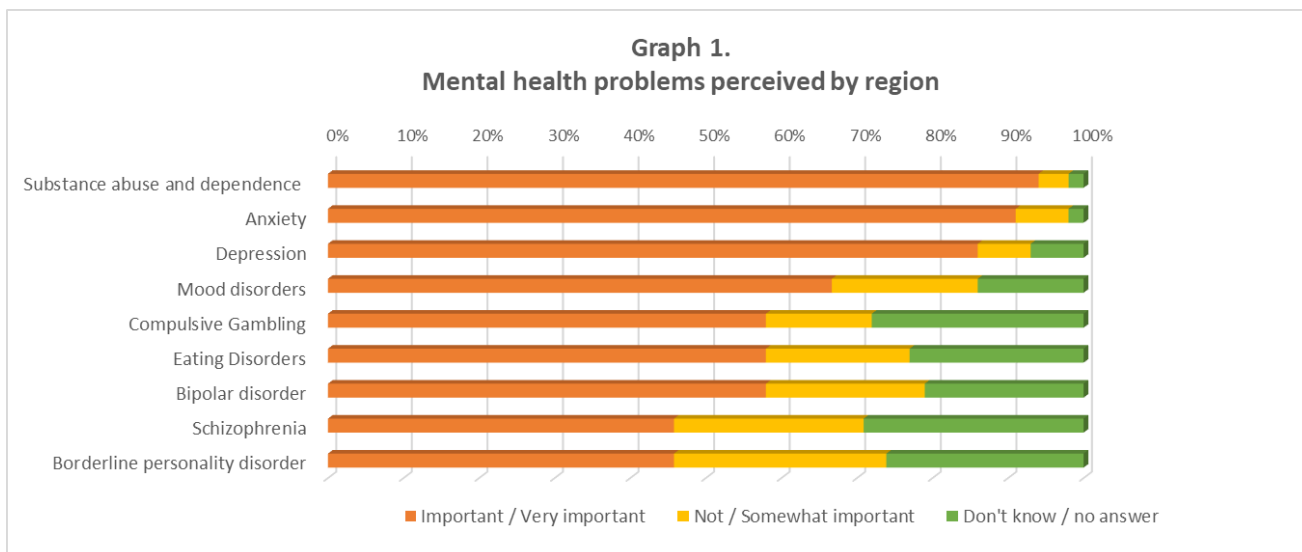
The three social challenges in their areas considered most significant by the respondents were jobs (65%); distance from the family due to employment, a separation, or a divorce (39%); and economic uncertainty (54%).³⁴ Issues related to separation or distance were most frequently mentioned by respondents from Labrador City.

Because we know that these issues can affect the wellbeing and mental health of individuals, respondents were invited to rate ten statements about mental health in their areas, according to their perception of the importance of each statement (Graph 1). Addictions and substance abuse (95%), anxiety (91%), and depression (86%) were the mental health and addictions problems rated highest in importance by the respondents as a whole.³⁵ Respondents generally rated specific mental illnesses such as schizophrenia and borderline personality disorder as being less important issues in their area.

³³ Due to the small sample size, these regional correlations were retained for the remainder of the analysis.

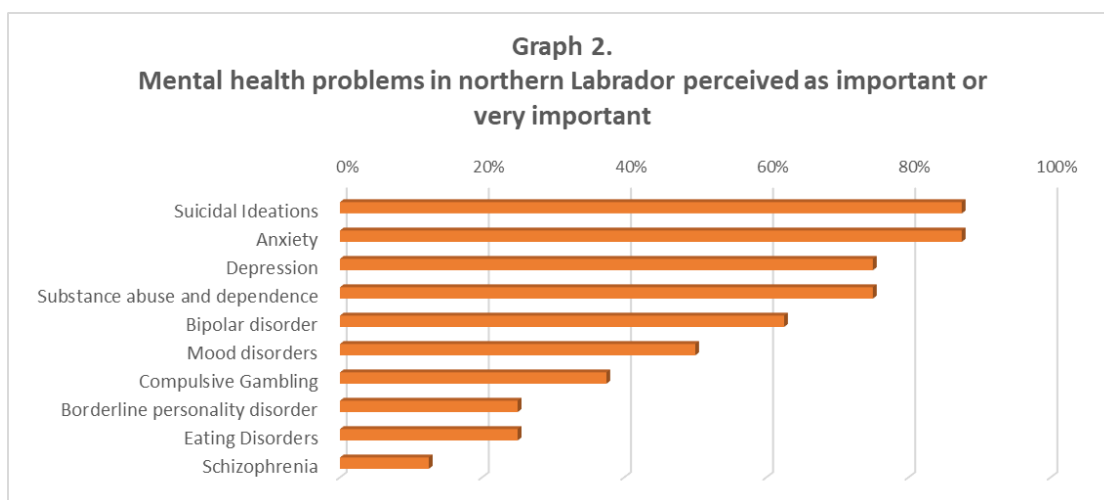
³⁴ Two issues, poverty and low income, were combined.

³⁵ The categories of “important” and “very important” were combined, as were the categories of “not important” and “not very important.”



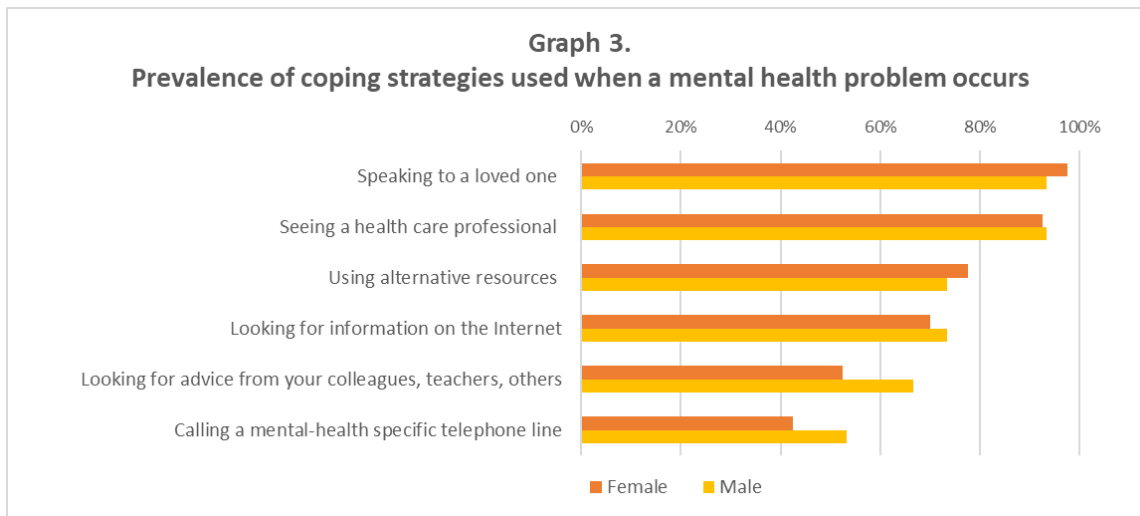
The analysis of mental health problems by area revealed some distinctive tendencies. Suicide and suicidal thoughts are the most important problems (72%) for respondents in northern Labrador, followed by anxiety and depression (Graph 2). On the other hand, on the West Coast and in St. John's, the assessment of mental health problems was similar to that of the respondents as a whole.

Despite the respondents' perceptions of the importance of mental health and addictions problems in their communities, a very large majority said their own mental health was good or excellent (84%). Of the people who said their mental health was poor or fair, more than half were women (56%), and they most often lived on the West Coast or in St. John's.



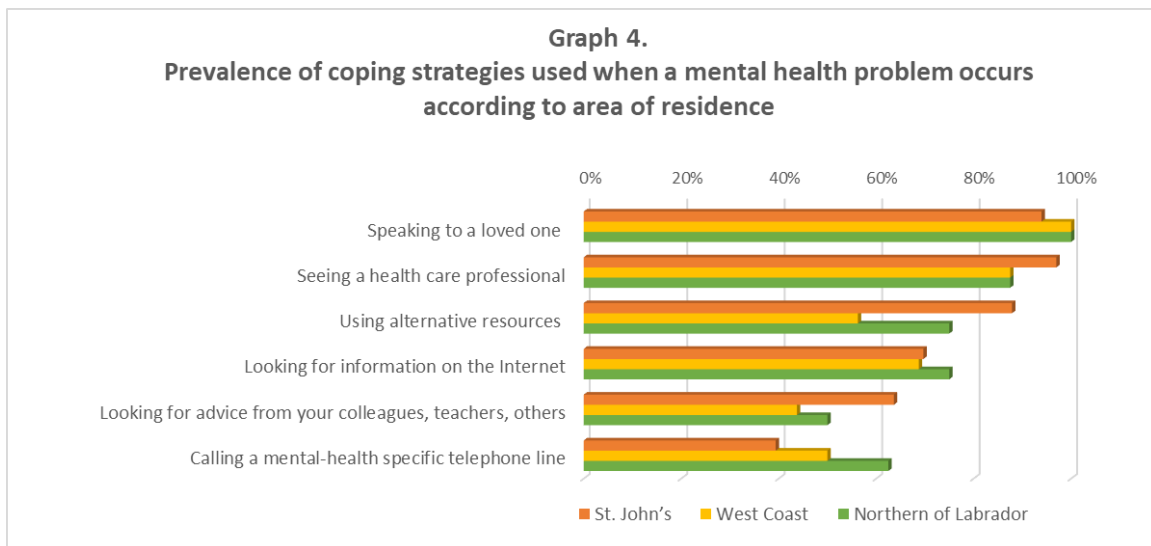
Mental health and addictions: strategies to adapt services, knowledge and use of services

The survey was intended to give researchers a better grasp of the francophone population's knowledge of mental health and addictions services and their use of these services. To find out what type of services were used, one question differentiated between the use of informal resources, such as “speaking to family or friends,” and the use of formal resources, such as consulting with a health professional. The results show that, when respondents or those close to them are dealing with a mental health problem, women were more likely to talk to a family member or friend (98%) than were men (93%), and were more likely than men to use alternative or complementary approaches such as meditation, yoga, etc. In contrast, a higher proportion of men (73%) than women (70%) looked up information on the Internet, spoke to co-workers, or called a warm line specializing in mental health support (Graph 3).



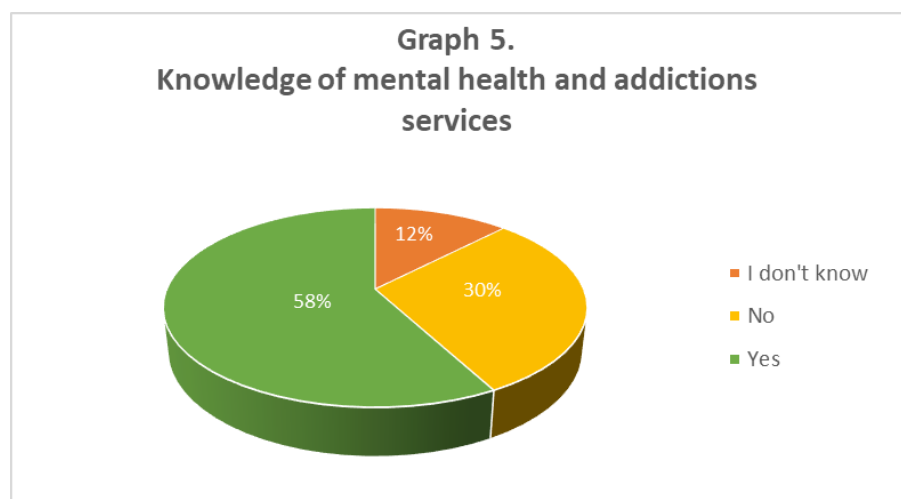
The analysis by area showed that, in St. John's, people consulted a health professional almost systematically (97%), and that they were more likely to try alternative approaches (88%). On the West Coast and in northern Labrador, people talked to friends and family (100%). Using a mental health warm line or obtaining information from co-workers were two strategies that were infrequently used, except by residents from northern Labrador (63% and 50% respectively) (Graph 4). The remote location might explain this characteristic.

More than half of respondents (58%) stated that they knew of mental health and addictions services available in their community (Graph 5). When gender is taken into account, we can see that one out of every two women (48%) are unaware of these services,



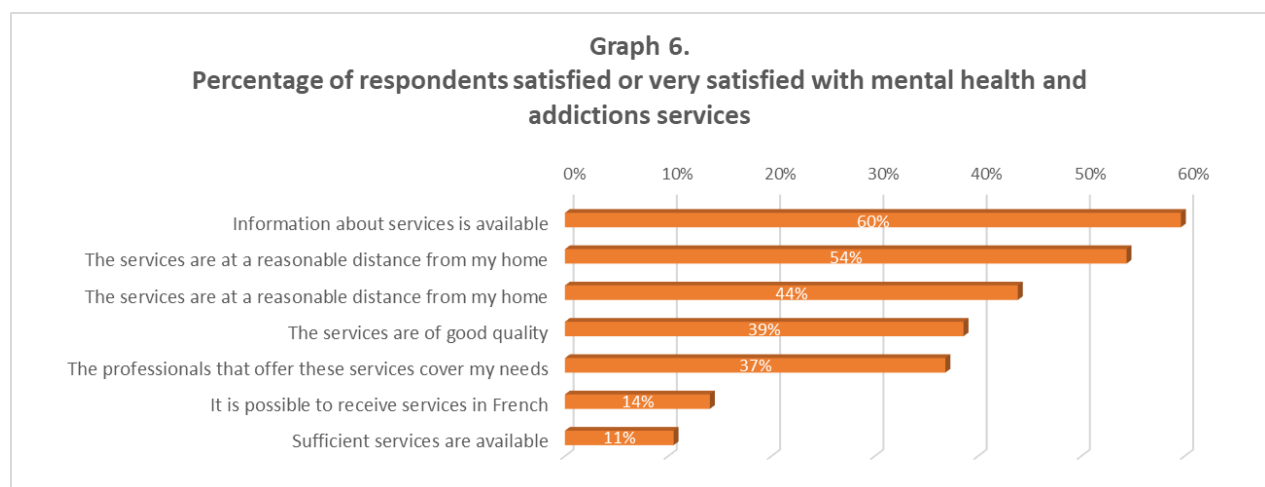
compared to 33% of men. On the West Coast, far more people do not know about services (69%).

Respondents were invited to list mental health and addiction services they knew about in their communities. They listed a dozen services they knew about, including: Channal, walk-in clinics, the PIER (Psychosis Intervention and Early Recovery) Program, psychologists and psychiatrists in hospitals, the Ruah Counselling Centre, Aspens & Oaks, Reiki, Stella's Circle, the RNC Crisis Unit, the employee assistance program, the Mobile Crisis Response Team, the Warm Line, the Military Family Resource Centre and the Legion, etc. However, several respondents added that these services are not available in French and, for some of them, access was complicated by automated response systems. One respondent said: "They refer us to one number, then to another, then to another."



Satisfaction with mental health and addictions services

The level of satisfaction of respondents regarding mental health and addictions services was measured by a series of statements about which respondents were asked to rate their agreement. Results showed that respondents agreed or agreed completely that information on mental health services was available (60%) and that services were located within a reasonable distance of their residence (54%) (Graph 6). Nevertheless, their level of agreement decreased when asked about the location of services (44%), the quality of services (39%), and the ability of professionals to meet their needs (37%). The ability to receive services in French (14%) and the quantity of services available (11%) were considered very unsatisfactory.

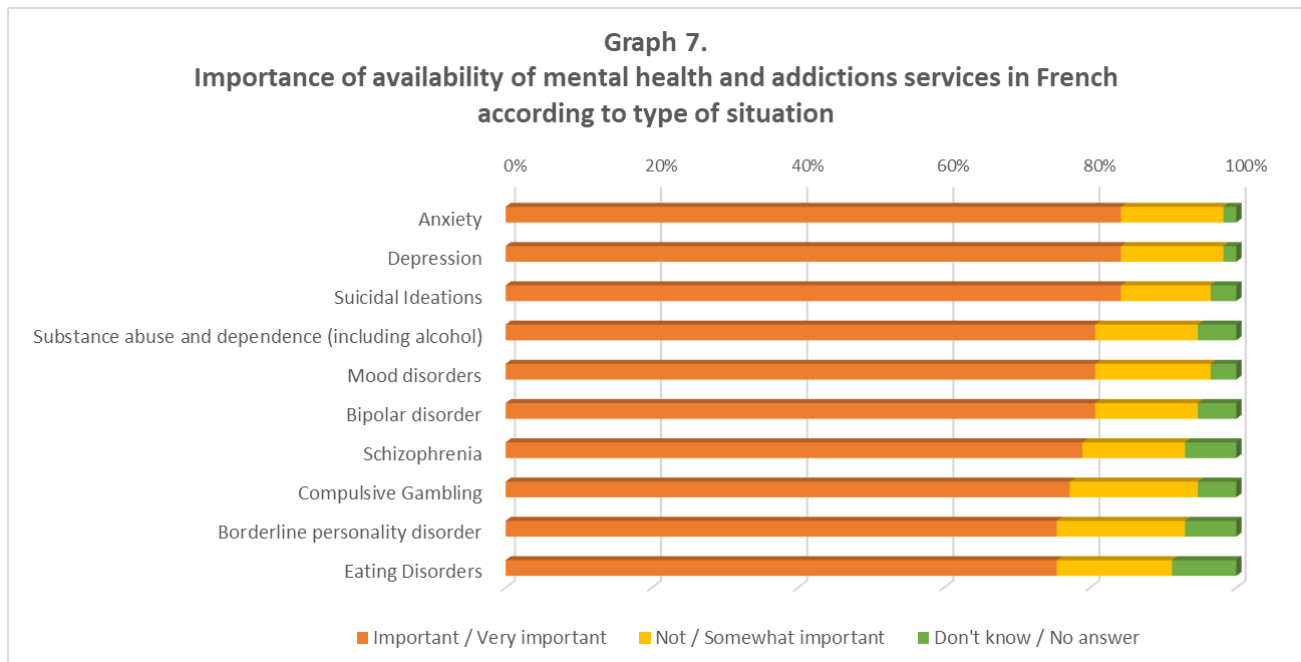


The analysis of this variable by area revealed that the level of satisfaction about all statements was lower for respondents on the West Coast. Residents in St. John's expressed more agreement with the statements about services within a reasonable distance, good quality of services, and satisfaction with professionals. As for the residents of northern Labrador, they expressed a low level of satisfaction about the availability of services in French and the quantity of services offered (Appendix C).

The importance of receiving mental health services in French

Only 12% of respondents said they had received mental health services in French. However, when asked to give their opinion on the importance of receiving services in French, respondents said they considered it important or very important to receive services in French for all the situations listed that were related to mental health or addictions (anxiety, substance abuse, suicidal thoughts, etc.) (Graph 7). Anxiety (84%), depression (84%), and suicidal thoughts (84%) were the situations in which these services were deemed to be even more important, in the opinion of the respondents.

Responding to an open-ended question, slightly more than half of respondents described other situations in which it would be more important to have French-language services and resources. These situations included dementia, sexual problems, workplace stress, grief, a crisis, post-traumatic stress disorder, and continuing or ongoing care for previous diagnoses. The respondents also suggested that targeted groups should include children, adolescents, bereaved persons, and informal caregivers.



Improving mental health services in French

Respondents were invited to specify priority items for improving access to mental health and addictions services in French. Of a list of eleven suggestions, four seemed to be more important to the respondents or the suggestions were rated at the same level:

- availability of professionals;
- a better match between services and the needs of a diverse population (seniors, immigrants, Indigenous people, LGBTQ2S+ individuals, and people with a disability);
- confidentiality of information;
- trust and confidence in professionals.

Other suggestions proposed, such as the reduction in wait times or more convenient schedules, did not seem to be as important.

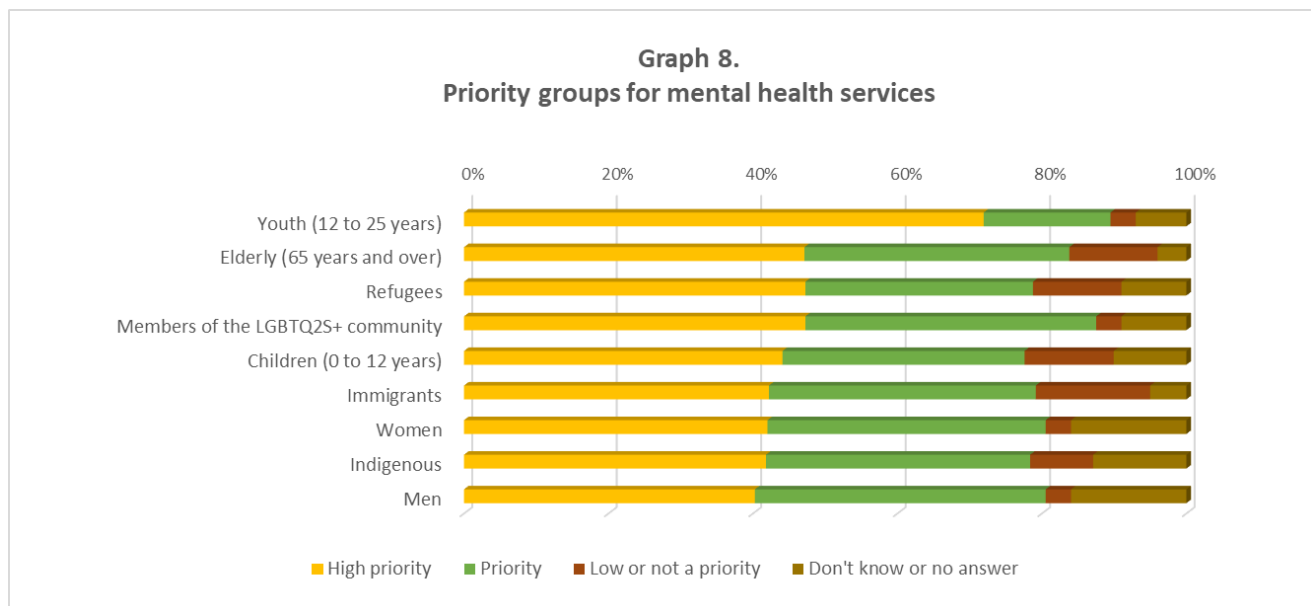
In the area of promotion in mental health and addictions, respondents commented on the role certain institutions and facilities could play. Existing health facilities and programs,

schools, and the provincial government should play a more important role, according to respondents. Some suggested that employers and organizations in the francophone community could be more active in raising awareness, updating and circulating information, referrals and guidance, mental health promotion, and the prevention of mental health problems. Youth and employers would be the two priority groups to focus on.

Respondents also said that the organizations and facilities responsible for promotion could have at least one bilingual employee. Some responses reflected the frustration of one francophone, who said: “Anglos have services, but not French people.”

Developing mental health services in French: target populations and characteristics

At the end of the survey, participants were asked about the creation of new mental health services in French. Participants said that, when such services were being developed, they would be important for the entire population, although they also felt the nine groups suggested were priority or high priority groups in 77% to 89% of cases. There are, nonetheless, distinctions among the responses. For instance, respondents said it was a priority to focus on youth aged 12 to 25 (72%). People 65 years and over were considered as a priority on the same level as refugees and LGBTQ2S+ individuals (47%) (Graph 8). Yet when the two positive categories (priority or high priority) are considered, LGBTQ2S+ individuals (88%) and seniors (84%) were the groups most frequently mentioned.



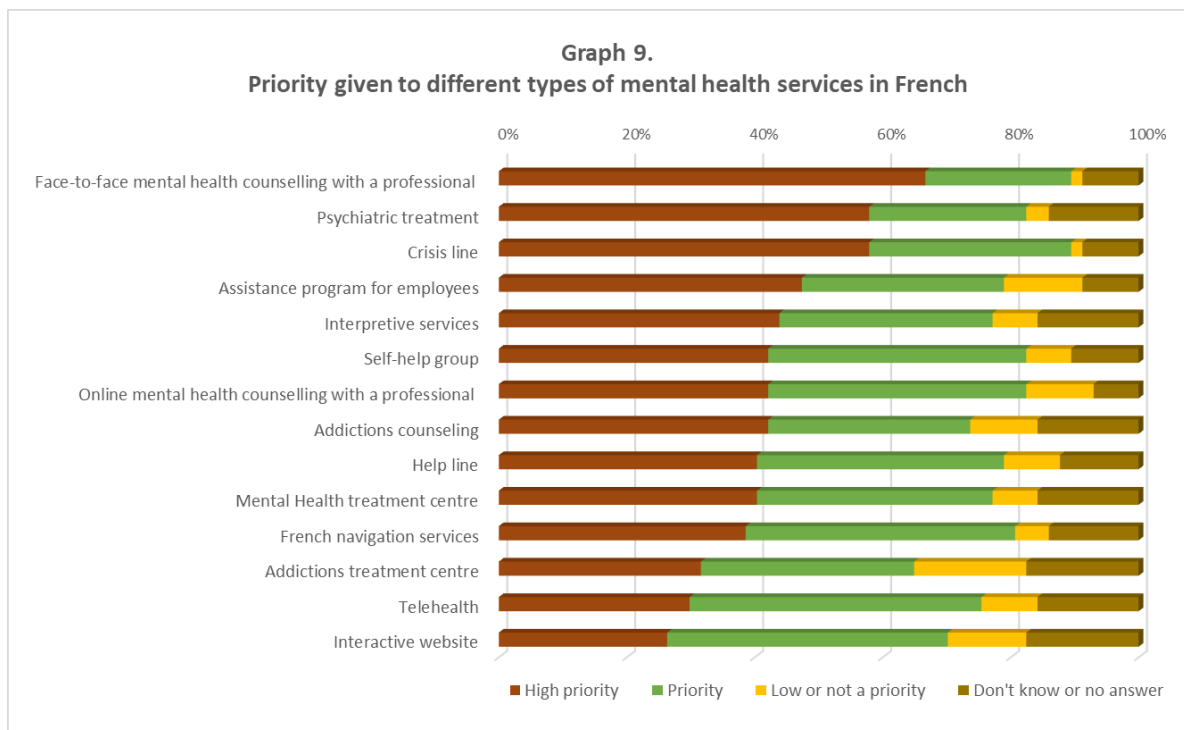
When we examine regional differences, respondents in the West Coast area said the three priority groups were youth aged 12 to 25, people 65 years and over, and LGBTQ2S+ individuals (Graph 13, Appendix C). According to respondents in northern Labrador, the groups to focus on should be youth aged 12 to 25 ans, LGBTQ2S+ individuals, and adult women and men. Finally, St. John's area respondents gave priority to the three following groups: LGBTQ2S+ individuals, people 65 years and over, and immigrants and refugees. These choices correspond to comments expressed at public consultations and regional specificities, for example, the fact that northern Labrador has a higher number of itinerant workers and that St. John's area is home to most newcomers in the province.

Respondents were asked which types of mental health services would be most important for francophones in NL (Graph 9). They rated the following as priority initiatives:

- mental health support and counselling provided in person by a professional (67%);
- treatment by a psychiatrist (58%);
- a warm line for people in crisis (58%).

Telehealth services (30%) and interactive websites (26%) were ranked at the bottom of the list of priorities.

These responses are consistent with the comments made at community consultations: personalized or in-person services were preferred to those offered online through telehealth or websites. It is, however, important to note that warm lines and help lines for



people in crisis were considered a high priority, although at this time they are not systematically available in French.

Responses to the same question, about the priority of various types of services, vary greatly in the three larger areas. In northern Labrador, a help line for people in crisis (88%) and treatment by a psychiatrist (75%) represent the highest priorities. On the West Coast, mental health guidance and counselling provided in person by a professional (56%), a mental health treatment centre (56%), and employee assistance (56%) are the priorities. In St. John's, the services considered highest in priority are mental health guidance and counselling provided in person by a professional (73%), a help line for people in crisis (58%), and treatment by a psychiatrist (55%).

2. Conclusions and recommendations

The commitment of the NL government (*The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador*), aimed at transforming the model of service delivery of mental health and addictions, represents a unique opportunity to examine the possibilities for improving services, in particular for francophones and Acadians in NL. In this respect, the results of this study can contribute to guiding and strengthening the efforts begun by the provincial government to adapt and create certain services in French.

The variety of sources of data we consulted has enabled us to outline a sophisticated portrait of the contexts and issues in mental health and addictions for the francophone and Acadian population of NL. More precisely, this study has given us a better understanding of the social issues and the mental health of francophones in NL, their assessment of French-language mental health services, their level of knowledge about these services, and their preferences when it comes to creating new services. The study identified differences according to sex and age, which will be able to guide decision-making about the type of services to provide and the priority groups and communities to receive different services. This said, in spite the diversity of perspectives presented here, a general consensus can be seen regarding the needs of the francophone population.

Furthermore, while all three areas we studied revealed important needs in the area of mental health and addictions services, residents in the area of northern Labrador and the West Coast appear to present more important needs than those living in the St. John's area. In addition, residents in northern Labrador reported a lower level of satisfaction about their possibilities for receiving services in French and about the quantity of services available overall.

When we explore issues of French-language services, we need to remember that in the area of mental health, language plays a more crucial role than in other areas of health care

(CCCFSM, 2001). Although most situations require services to be available in French, the people who took part in the consultation sessions and in the survey emphasized that the language in which services are provided is even more important when people are experiencing addiction, depression, anxiety, or suicidal thoughts.

Moreover, our analyses suggested that youth aged 12 to 25 form the priority group for which French-language mental health services should be developed, even though all groups would benefit from receiving more mental health services, according to respondents. Groups with limited English skills, and thus for whom French-language services are more important, are generally newcomers, seniors, young children, and francophone personnel on the military base and their families.

Beyond recapping these observations, which may lead to different types of action, we have developed four broad recommendations. It is hoped that these recommendations will support public decision-makers as they work to improve mental health and addictions services and resources for francophones and Acadians in NL.

A. We recommend that information about the availability of French-language mental health and addictions services and resources be systematically identified and widely circulated through targeted strategies.

A little more than half of respondents know about the mental health services available, but the gaps in knowledge remain significant. Moreover, although certain resources are available in French, few francophones are aware of their existence or the range of francophone resources for mental health and addictions.

The Bridge the gApp website identifies some of the resources available in French, such as the *Bibliothèque d'auto-assistance du programme Aide thérapeutique en ligne* (ATL) / TAO Self-Help Library, and the *Aide thérapeutique en ligne* (ATL) / Therapy Assistance Online (TAO) programs. However, the structure of the website is in English only, and there are no tabs that display an exhaustive list of services and resources in French. It would be valuable to create a tab or link on the home page of the Bridge the gApp website connecting francophones to a list of materials available in French and programs and services which are bilingual or French. This procedure could be repeated on every health authority's website, in the sections on mental health. In addition, tabs or pages could integrate the information from the *Réseau Santé en français de T.-N.-L.* about mental health professionals able to offer services in French, by adding a link to the *Réseau's* website. Lastly, facilities and programs throughout the province which make interpreters' services available could also be listed. A user-friendly presentation of bilingual or French-language services and an effective distribution of materials in French related to mental health and addictions would

make it possible to improve the mental health of francophones. It would also increase the use of these services and enhance the public value of French-language health care. This action would reach, in particular, young people, families, and adults.

B. We recommend that a strategy be developed to build the awareness of mental health service providers regarding the importance of actively offering services in French.

Since a strategy to systematically identify bilingual and French-language services, resources, and professionals would involve having the government contact service providers, and since our consultations revealed that there was a lack of knowledge on the part of some service providers about the importance of actively (i.e., consistently, clearly, and proactively) offering services in French to encourage francophones to request and use these services, the provincial government would benefit from a process to build the awareness of its mental health service providers regarding the importance of an active offer of services and the importance of developing action plans to make French-language services more widely available. Several documents and tools have been produced to help health facilities and organizations improve their awareness of and sensitivity to the active offer of health care and social services in French.³⁶

An awareness strategy could be extended to the community sector, which provides services to a more vulnerable people through various initiatives and programs. Community organizations and support groups could be encouraged to identify and improve the range of French-language services they offer.

C. We recommend increasing the number and range of mental health services offered in French.

Small communities are faced with various issues related to mental health and addictions, beginning with the lack of or gaps in services and resources, but also the stigmatization associated with mental health and concerns about a lack of confidentiality when requesting or using services. On the other hand, research has demonstrated that offering services in French improves the safety of those who use them, especially in the case of mental health services.

Thus, an increase in the number of mental health professionals and better access to their services would be an important factor in improving the situations described in our

³⁶ For example, see the active offer self-evaluation tool (*Outil d'autoévaluation des ressources organisationnelles et communautaires pour l'offre active et la continuité des services sociaux et de santé*), retrieved from http://www.grefops.ca/uploads/7/4/7/3/7473881/surveymonkey_190092834.pdf
See, also, the *Savoir santé en français* website, retrieved from <https://savoir-sante.ca/fr/>

consultations. One option would be to officially provide assistance and counselling services in French without requiring an appointment through DoorWays Walk-in Counseling Service, which already exists in several towns and cities across the province. A second option would be to ensure that mental health services are offered in French by itinerant professionals.

Providing these services would involve three steps: 1) identifying bilingual professionals currently available; 2) hiring other bilingual professionals; and 3) circulating information about the French-language services they offer. To date, DoorWays services are not available in Cap Saint-Georges, La Grand'Terre, and other francophone communities on the Port-au-Port Peninsula. The nearest Doorways clinic is located in Stephenville. It would be useful to establish locations in these communities. In general, it would be valuable to ensure that bilingual health professionals are available in the five communities we consulted.

Identifying, establishing, and promoting French-language services would reduce the impact of a number of difficulties. Providing an opportunity to consult with professionals remotely (by phone or videoconference) and without an appointment would also increase the flexibility of the service, something young adults and adolescents particularly value.

In addition, the fact that there are few bilingual mental health professionals could be addressed through a partnership with immigration programs, which could facilitate the recruitment of foreign professionals qualified in this area.

Facilities and programs could also develop partnerships with schools and organizations in francophone and Acadian communities in NL, so that they could be better promoted and encourage francophones, who are accustomed to not receiving mental health services in French, to take advantage of services. Since our consultations identified other groups of francophones who may not speak English fluently—e.g., seniors on the West Coast, temporary workers in Labrador City, military personnel on the Canadian Armed Forces base and their families, and newcomers—there would be value in planning to inform these populations, in particular, that such services exist.

D. We recommend 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.

Human resources in schools play an important role in promoting mental health, preventing mental health problems, and delivering early intervention programs and services in mental health. Furthermore, the mental health of youth is a matter of concern, and governments must address the issue by intervening more actively with this population. Even if

francophone schools have access to nurses, in particular, significant gaps persist. For example, the French skills of the nurses are limited or non-existent. Certain programs and resources for promotion and early intervention are available in English only. Finally, the number of hours these employees can dedicate to promotion, prevention, and early intervention remains limited. However, since these resources and services are often the only ones available in French, they are very important for francophone families. Thus, increasing the number of hours these professionals are paid to work in francophone schools, and ensuring that professionals who speak French well are available, would multiply the opportunities to help young people and their families tenfold.

It is important to recognize that community organizations which represent francophones in minority situations also contribute to the vitality of the community in various ways, as we learned from the consultation process. The role which schools and community organizations in FAMCs play in governmental strategies for promotion and prevention, particularly by participating in alcohol and drug abuse education, could benefit from greater recognition, and schools and facilities could benefit from greater support for this work.

Appendix A: Table 1 – Main socioeconomic indicators for the five communities in Newfoundland and Labrador which we consulted (developed from data from Statistics Canada, 2016 Census)

Characteristic	Happy Valley Goose Bay	La Grand'Terre	Cap Saint- Georges	Labrador City	St. John's	Total NL
Population 2016	8,109	314	853	8,622	108,860	519,716
Variation 2011-2016 (%)	7.4	-7.9	-10.1	-2	2.5	1
Structure of the population by age group (%)						
0-14	18	12.5	15.3	18.9	13.9	14.3
15-64	80.8	70.3	64.1	72.7	69.6	66.2
65 and over	11.2	15.6	21.2	8.5	16.5	19.4
Median age	38.8	48.3	49.6	37.2	40.5	46
Knowledge of official languages (%)						
English	93.2	47.6	72.9	87.3	90.3	94.8
French	0.1	0	0	0.4	0.04	0.02
English and French	6.5	52.4	27.1	12.3	9.2	5.0
First official language spoken (%)						
English	98.6	79.4	87.6	96.7	98.9	99.4
French	1.1	20.6	11.8	3	0.6	0.4
English and French	0.1	0	0.6	0.2	0.2	0.07
Mother tongue (%)						
English	93.5	77.1	84.5	92.7	93.6	96.9
French	1.3	21.3	14.9	3	0.6	0.5
Non-official languages	4.3	1.6	0.6	4.3	5.8	2.3
Families and incomes						
Average size	2.6	2.6	2.3	2.8	2.2	2.3
Single parent families (%)	14.4	15	23.2	16.2	19.7	15.1
Median household income (\$)	112,307	33,856	40,064	125,382	69,455	67,272
Median individual income (\$)	48,550	18,688	20,501	58,149	35,401	31,734
Employment and economic activity						
Unemployment rate (%)	8.3	36.8	35.1	8.5	8.9	15.6
Three main professions (*)	7/6/1	8/9/7	7/4/6	7/6/1	6/1/4	6/7/4
Three main industries (**)	91/62/23	61/31-33/ 23-62-72	62/23-31-33/ 48-49	21/44-45/72	62/61/91	62/44-45/23

(*) Occupation — National Occupational Classification (NOC) 2016)

0 Management occupations

1 Business, finance and administration occupations

2 Natural and applied sciences and related occupations

3 Health occupations

4 Occupations in education, law and social, community and government services

5 Occupations in art, culture, recreation and sport

6 Sales and service occupations

7 Trades, transport and equipment operators and related occupations

8 Natural resources, agriculture and related production occupations

9 Occupations in manufacturing and utilities

() Industry — North American Industry Classification System (NAICS) 2012**

11 Agriculture, forestry, fishing and hunting

21 Mining, quarrying, and oil and gas extraction

22 Utilities

23 Construction

31-33 Manufacturing

41 Wholesale trade

44-45 Retail trade

48-49 Transportation and warehousing

51 Information and cultural industries

52 Finance and insurance

53 Real estate and rental leasing

54 Professional, scientific and technical services

55 Management of companies and enterprises

56 Administrative and support, waste management and remediation services

61 Educational services

62 Health care and social assistance

71 Arts, entertainment and recreation

72 Accommodation and food services

81 Other services (except public administration)

91 Public administration

Appendix B: Inventory of Mental Health Services in Newfoundland and Labrador³⁷

Help desks, directories, and service navigators

Resource 1: Bridge the gApp (Government of Newfoundland and Labrador)	
Contact information	<p>Government of Newfoundland and Labrador, Mental Health and Addictions Division</p> <p>P.O. Box 8700 1st Floor, West Block Confederation Building St. John's, NL A1B 4J6 Tel: (709) 729-3658 bridgethegapp@gov.nl.ca</p>
Services provided	<p>Bridge the gApp is a mental health promotion website that offers adults and youth online resources designed to support mental wellness. It is founded by the Government of Newfoundland and Labrador and it is defined as a new way to connect with guidance and support for mental health and addictions. The website provides access to a Service Directory, a Knowledge Centre, a section offering art and other coping tips to improve mental health, as well as a toolbox section. Resources on the following mental health issues can be found:</p> <ul style="list-style-type: none"> • Alcohol • Anxiety • Depression • Eating Disorders and Healthy Eating • Family, Parenting and Caregiving • Help at Work • Identity & Self Esteem • Mental Illness • Recovery • Relationships • Stress Management • Substance Use & Addiction • Suicide Prevention <p>Specific programs are Strongest Families, The Smokers' Helpline, BreathingRoom™, 30 Day Mindfulness Challenge, Therapy Assistance Online (TAO), and the TAO Self-Help Library.</p>

³⁷ Comme la grande majorité des services sont offerts en anglais, nous avons opté pour consigner l'information en anglais.

Targeted population	Adults, families and youth
Services in French	Most information on the website is only available in English. Regarding specific programs, Strongest families has a Referral Form template available in French; the 30 Day Mindfulness Challenge, the TAO Self-Help Library and the Therapy Assistance Online (TAO) programs are available in French (as <i>Bibliothèque d'auto-assistance du programme d'ATL</i> and the <i>Aide thérapeutique en ligne (ATL)</i> , respectively).
Website	https://bridgethegapp.ca/
Other relevant information	A Mental Health Crisis Line at 1-888-737-4668, as well as the Service Directory can be consulted at https://www.bridgethegapp.ca/adult/service-directory/

Resource 2: Mental Health and Addictions Systems Navigator

Contact information	(709) 752-3916 or 1-877-999-7589 (VRS calls are accepted) Contact Person: Mr. Barry Hewitt
Services provided	The Mental Health and Addictions Systems Navigator is a central point of contact for individuals, family members and stakeholders throughout the province to: <ul style="list-style-type: none"> • Problem solve so that the users can figure out next steps; • Consider options and find the right mental health or addiction service; Get help in making connections.
Targeted population	Population in general
Services in French	Information not available
Website	Information not available

Resource 3: CENTRAL INTAKE for Adult Community Mental Health & Addictions Services (St. John's Area)

Contact information	532 Pleasantville, St. John's NL (709) 752-8888
Services provided	Provides clients, families and other referral sources with one central phone number to call directly for information and self-referral to various mental health and addictions services in the St. John's region
Targeted population	Adults and families

Services in French	Information not available
Website	https://www.bridgethegapp.ca/adult/service-directory/central-intake-for-adult-community-mental-health-addictions-services-st-johns-area/

Resource 4: CENTRAL INTAKE for Janeway Family Centre, Janeway Psychiatry, Bridges Program, and Adolescent Addictions Services

Contact information	Southcott Hall, 5th Floor, 100 Forest Road, St. John's NL (709) 777-2200
Services provided	Inpatient, day patient, and outpatient programs offer a team approach that includes the parent/guardians along with a team of health professionals. Information about mental health, eating disorders, and substance abuse/addictions for parents is provided.
Targeted population	Adolescents
Services in French	Information not available
Website	https://www.bridgethegapp.ca/adult/service-directory/central-intake-for-adult-community-mental-health-addictions-services-st-johns-area/

Resource 5 : Répertoire des professionnels de santé d'expression française / Directory of French Speaking Health Care Professionals

Contact information	On the Francophones of Newfoundland-and-Labrador web-portal (sic) <i>Portail des francophones de Terre-Neuve-et-Labrador</i> https://www.francoatl.ca/en/services/sante/repertoire-des-professionnels-de-sante-francophones/
Services provided	The website offers a directory of French-speaking health professions by location (GIS) and by category. Information on each professional is presented in a separate entry. There are 19 categories, including psychologists, psychiatrists, therapists, social workers, and physicians.
Targeted population	Health service users and their families interested in receiving services in French..
Services in French	Yes
Website	https://www.francoatl.ca/en/services/sante/repertoire-des-professionnels-de-sante-francophones/

Other relevant information	<p>There are no professionals listed in this directory who can provide mental health services in French on the West Coast (psychologists, therapists, psychiatrists, or social workers). A professional who practises traditional Chinese medicine works in this area and is listed.</p> <p>The directory does not identify any professionals who can provide mental health services in French in Labrador (psychologists, therapists, psychiatrists, or social workers). A generalist physician, identified as being bilingual, works in this area and is listed.</p> <p>In central Newfoundland, one psychiatrist and one social worker can provide mental health services in French.</p>

Warm lines and help lines to support callers and direct them to the appropriate services

Resource 6: The Crisis Text Line Text “Talk” to 686868	
Contact information	Crisis Text Line 686868
Services provided	<p>Powered by Kids Help Phone, anyone in need, regardless of age can text ‘Talk’ to 686868, to speak to a trained crisis responder.</p> <p>Every texter is connected with a Crisis Responder, a real-life human being, trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem-solving. All Crisis Responders are volunteers, donating their time to helping people in crisis.</p>
Targeted population	Anyone in need to speak to a trained crisis responder
Services in French	Information not available
Website	https://www.bridgethegap.ca/adult/service-directory/crisis-text-line-text-talk-to-686868/

Resource 7: Kids Help Phone / Jeunesse, J’écoute	
Contact information	Telephone:1 (800) 668-6868
Services provided	Kids Help Phone is Canada’s only national service offering professional counselling, information and referrals 24/7 by phone, Live Chat and the “Always There” chat app,

	through its free, and anonymous service. Young people can connect in both English and French for the support they need, in the way they need it most
Targeted population	Youth
Services in French	The website is bilingual, and it is noted that support in French is always available for youth.
Website	https://kidshelpphone.ca
Other relevant information	Kids Help Phone is a no judgment, and totally private, 24/7 help line.

Resource 8: Channal Warm Line

Contact information	1-855-753-2560 or in St. John's (709) 753-2560
Services provided	Channal provides a help line 7 days a week, Channal Warm Line, that offers support to persons needing a non-judgemental listener. It is a non-emergency, non-crisis telephone support and referral service. Trained persons with lived experience respond to the calls.
Targeted population	Persons needing a non-judgemental listener
Services in French	Information not available
Website	http://www.channal.ca/ https://www.facebook.com/ProvincialCHANNAL/
Other relevant information	Website is under construction and little information can be found.

Resource 9: National Eating Disorder Information Centre Telephone line

Contact information	1-866-633-4220
Services provided	Non-profit organization providing information, resources, referrals, and support for eating disorders and food and weight preoccupation to individuals with eating disorders and their families.

Targeted population	Information not available
Services in French	No French information available. Website only in English
Website	http://nedic.ca/

Online resources

Resource 10: TAO Self-Help Library & Therapy Assistance Online (TAO)	
Contact information	https://www.bridgethegapp.ca/adult/online-programs/
Services provided	Supported by a counsellor, TAO is an online program available in French and English, which combines online educational materials with brief contact by phone, chat or video conferencing with a registered counsellor to help improve health and wellness. It is a Government of Newfoundland and Labrador service (See Resource 1) TAO offers engaging education materials on a variety of topics including anxiety, depression, alcohol and substance use, relationships, wellbeing, and pain management. Resources are online via computers, tablets, or smartphones. The online program offers a variety of tools and information and can be customized to fit your unique needs.
Targeted population	
Services in French	Resources in French are: <i>Bibliothèque d'auto-assistance du programme d'ATL</i> (TAO Self-Help Library) and <i>Aide thérapeutique en ligne (ATL)</i> (Therapy Assistance Online (TAO), which puts people in touch with a counsellor.
Website	https://www.bridgethegapp.ca/adult/online-programs/
Other relevant information	The program is evidence-based and supported by professionals. For a counsellor in French, the contact person is Nadia Dube, Addictions Counsellor, (709) 285-8371

Resource 11: I CAN Program – Young Adult Anxiety Program	
Contact information	I CAN Program – Young Adult Anxiety Program
Services provided	I CAN (Conquer Anxiety and Nervousness) offers telephone and online support for young adults 18-30 to learn skills to overcome their anxiety and cope with life stressors.

	Adults learn skills to overcome their anxiety or excessive worry and to cope with major life stressors through a distance coaching approach. Trained coaches provide telephone support at convenient times, allowing adults to participate from the privacy and comfort of their homes at times that fit their schedules.
Targeted population	Young adults 18-30
Services in French	No French information available. Website in English only
Website	https://www.bridgethegapp.ca/adult/online-programs/i-can-program-young-adult-anxiety-program/

Resource 12: MHCC e-Mental Health Demonstration Project

Contact information	
Services provided	Fifteen primary care health clinics across Newfoundland and Labrador are taking part in a Mental Health Commission of Canada (MHCC) e-mental health demonstration project to reduce wait times and overcome geographic barriers to care.
Targeted population	General population of rural and urban Newfoundland and Labrador.
Services in French	Information not available. Website in both official languages.
Website	https://www.mentalhealthcommission.ca/English/catalyst-november-2017-mhcc-e-mental-health-demonstration-project
Other relevant information	This project will also highlight best practices to follow and pitfalls to avoid when integrating e-mental health interventions into the public system.

Public sector facilities for treatment and rehabilitation of mental health and addictions issues

Resource 13: Psychiatric Assessment Unit (PAU) – Waterford Hospital

Contact information	306 Waterford Bridge Road St. John's, NL, A1E 4J8 (709) 777-3021/3022
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Services provided	Provides psychiatric assessment 24 hours a day, 7 days a week, and inpatient psychiatric care with psychiatrists on call in other regions.
Targeted population	General population
Services in French	Information not available
Website	http://www.easternhealth.ca/
Other relevant information	Mental Health Crisis Line/Gambling Help Line and Mobile Crisis Response

Resource 14: Tuckamore Centre

Contact information	7 Mallow Drive Paradise, NL A1L 3A9 Tel: (709) 752-3914
Services provided	Provincial residential treatment centre for male and female youth ages 12-18 with complex mental health issues.
Targeted population	Youth, both sexes, aged 12-18.
Services in French	Information not available
Website:	http://www.easternhealth.ca/AboutEH.aspx?d=3&id=2104&p=724
Other relevant information	Interdisciplinary team including psychiatry, psychology, social work, occupational and recreational therapy, nurse practitioner, child and youth care counsellors. School on site.

Resource 15: DoorWays Mental Health Walk-in Clinics

Contact information	38 Walk-in clinics in many locations across the province (709) 786-5224 OR 786-5219
Services provided	DoorWays is a single-session, walk-in counselling service available without an appointment or referral.

	<p>Health care professionals meet individuals face-to-face and discuss their concerns with them, on a first-come, first-serve basis.</p> <p>Support is focused on the user's needs, such as family, health, grief, work, relationships, stress, anxiety, depression, drinking or drug use.</p> <p>DoorWays is not an emergency service.</p>
Targeted population	General population aged 12 years and over
Services in French	Services are provided in English.
Website	https://www.bridgethegapp.ca/adult/service-directory/service_directory_tag/doorways-walk-in-counselling-12yrs/
Other relevant information	<p>To find DoorWays locations, interested persons are invited to call 811.</p> <p>Even if it is indicated that there is no appointment needed, the clinics addresses are not indicated in the web site, users must call an indicated phone number.</p>

Community mental health resources

Resource 16: Stella's Circle	
Contact information	<p>Administration Offices 142 Military Road St. John's, NL A1C 2E6</p> <p>709.738.8390 709.738.7808</p> <p>info@StellasCircle.ca</p>
Services provided	<p>Stella's Circle offers a wide range of services. The Brian Martin Housing Resource Centre offers counselling, advocacy, and other support services to help people find secure housing. The Front Step is an End Homelessness St. John's program co-managed by Stella's Circle and Choices for Youth. It provides housing to people who are chronically and episodically homeless. Jess's Place offers a safe, supportive, independent transitional housing for women over the age of 18 in recovery from addiction. Naomi Centre is a temporary shelter and support for women aged 16-30 within a harm reduction model. Emmanuel House offers a supportive environment, through individual counselling, therapeutic groups and life skills support, in a residential setting. The Community Support Program provides intensive assistance to people with complex mental health needs. The Just Us Women's Centre offers programs and support for women who have been in conflict with the law. Services are also offered at the NL Correctional Centre for Women in Clarenville.</p>

	Stella's Circle has a variety of programs to help people enter the workforce, including a social enterprise, CanDo, a Social Enterprise Training Program, Employment Transition Groups, a Job Development and Employment Maintenance program, and an Adult Basic Education.
Targeted population	People who are homeless or incarcerated, women aged 16 to 30 years.
Services in French	Services provided in English
Website:	http://stellascircle.ca/need-help/an-overview/
Other relevant information	Information on the Stella's Circle website explains that if urgent assistance is required, the person can call the Mental Health Crisis Line: 737.4668 or 777.3200 (in the St. John's area) or toll-free from other parts of the province: 1-888-737-4668

Resource 17: U-Turn Centre

Contact information	19 Industrial Crescent, Carbonear NL A1Y 1A5 (709) 595-3223 info@uturnaddictions.org
Services provided	U-Turn is an addiction recovery drop-in centre. Since 2011, it helps individuals and families navigate the process of addiction recovery towards long-lasting sobriety in a safe and supportive environment.
Targeted population	People affected by alcohol and drug addiction.
Services in French	Information not available
Website	http://uturnaddictions.org/

Resource 18: Channal

Contact information	70 The Boulevard (1,097.53 mi) St. John's, Newfoundland and Labrador A1A 1K2 (855) 753-1138 admin@channal.ca
Services provided	CHANNAL is a non-for-profit organisation that offers peer groups support to people with addictions problems. It also provides family support. There is 7 days a week line Channal Warm Line that offers support to persons needing a non-judgemental listener.
Targeted population	Information not available

Services in French	Information not available
Website	http://www.channal.ca/ https://www.facebook.com/ProvincialCHANNAL/
Other relevant information	Website is under construction and little information can be found at this time.

Resource 19: Turnings

Contact information	21 Merrymeeting Road St. John's, NL A1C 2V6 (709) 754-1010
Services provided	Community agency providing support to individuals involved in the justice system seeking support to integrate within the community. Turnings does referrals to community resources available to alleviate social needs (food/housing/recovery programs). The organisation offers as well as education and awareness programs to community agencies and schools on addictions consequences.
Targeted population	Individuals involved in the justice system seeking support
Services in French	Information not available
Website	https://www.bridgethegapp.ca/adult/service-directory/turnings/ http://www.municipalitiesnl.com/userfiles/files/Turnings.pdf

Support groups

Resource 20: Narcotics Anonymous

Contact information	1-877-254-3348 Information on the groups' meetings can be found on the website
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Services provided	Narcotics Anonymous provides support groups for drug addicts. There are only three cities that have a formal Narcotics Anonymous chapter in NFL. They are South River, Labrador City, and Corner Brook. Each city holds at least one weekly meeting.
Targeted population	Persons with drug addiction or substance abuse problems
Services in French	Information not available
Website	https://www.drugrehab.ca/na-meetings-in-newfoundland.html

Resource 21: Alcoholics Anonymous

Contact information	http://aa-intergroup.org/aboutaa.php
Services provided	<p>Alcoholics Anonymous are support groups of men and women who share their experiences, strength, and hope with each other, so that they can solve their common problems and help other to recover from alcoholism. The only requirement for AA membership is a desire to stop drinking. There are no dues or fees for AA membership; the groups are self-supporting, through voluntary AA members' contributions.</p> <p>Newfoundland is part of Alcoholics Anonymous Area 82. The region also includes Nova Scotia. Although the main branch of Newfoundland's AA, Area 82, covers an enormous territory, the section is also divided into smaller chapters that usually include only a few cities. A list of current meetings in NL can be found on the following web site: https://www.drugrehab.ca/newfoundland-aa-meetings.html</p>
Targeted population	General population. Groups may be limited to women or men, professionals, atheists or agnostics, LGBTQ individuals, or others.
Services in French	Alcoholics Anonymous groups in French were not found for NL.
Website	http://aa-intergroup.org/aboutaa.php
Other relevant information	<p>Recent groups include chat, on line, audio-video meetings, discussion forum, etc.</p> <p>Online Meetings Directory at http://aa-intergroup.org/directory.php</p>

Resource 22: Eating Disorder Counselling – HOPE Program

Eating Disorder Foundation of NFL

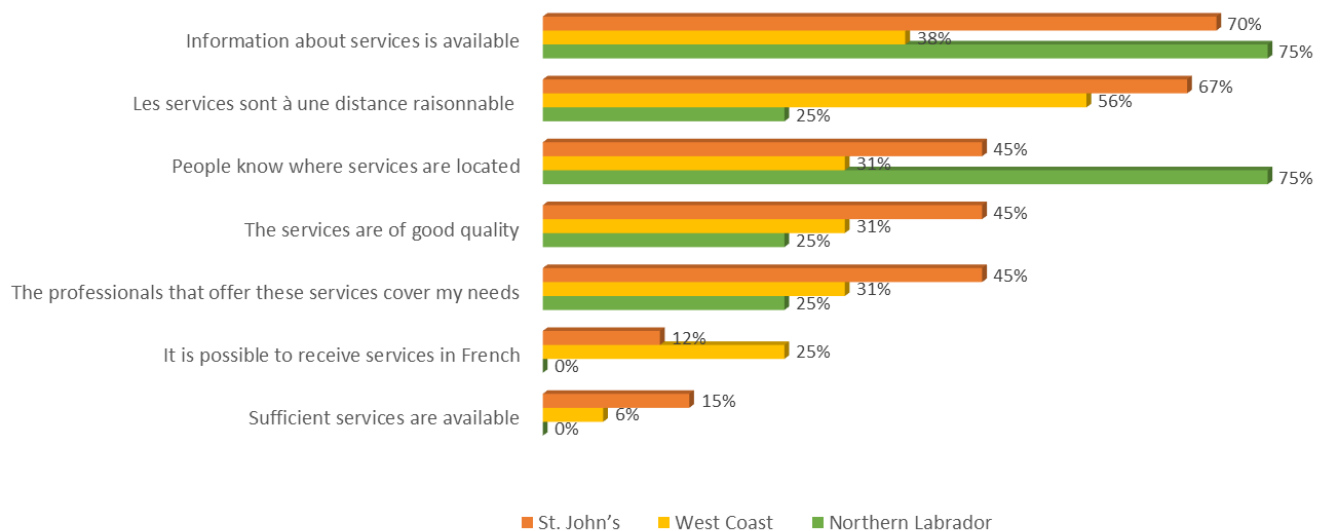
Contact information	<p>Eating Disorder Foundation of Newfoundland and Labrador</p> <p>The Carnell Building</p> <p>13-15 Pippy Place</p> <p>St. John's, NL</p> <p>A1B 3X2</p> <p>Tel: 709-722-0500</p> <p>Toll Free: 1-855-722-0500</p> <p>Email: info@edfnl.ca</p>
Services provided	<p>The Hope Program offers treatment to people diagnosed with anorexia nervosa, bulimia nervosa or other specified feeding and eating disorder.</p> <p>Available in the province by phone and has a Centre in St. Johns (Renata Elizabeth Withers Centre for Hope on Major's Path).</p>
Targeted population	Population aged 15 and over
Services in French	Information not available
Website	The Eating Disorder Foundation of Newfoundland and Labrador (EDFNL) is a leadership advocacy group dedicated to promoting research and providing public support services and information about matters related to eating disorders, including information on available treatment services for individuals and families who experience disordered eating
Other relevant information	Comprehensive website including information on different programs, and materials and resources for Educators (teaching and awareness tools).

Other resources

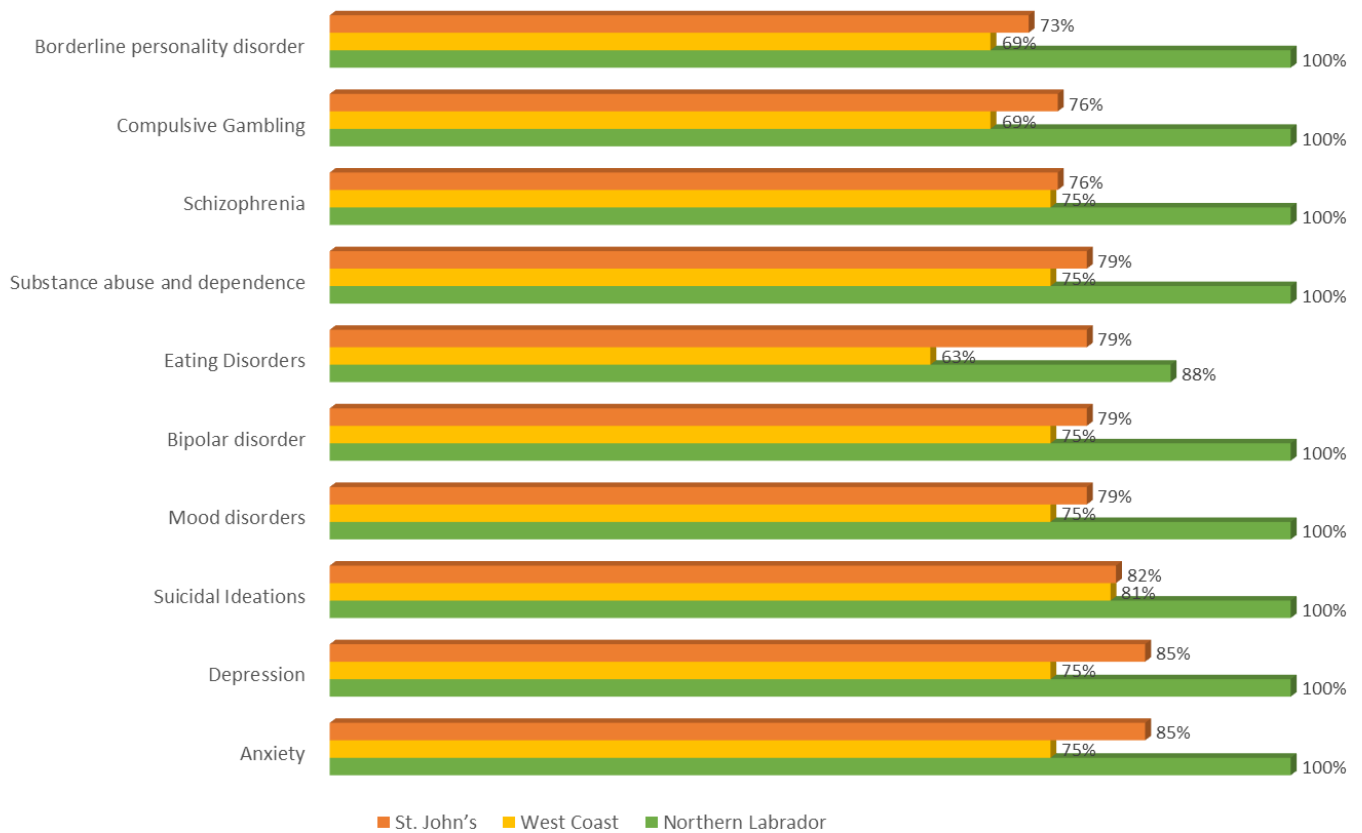
Resource 23: Assertive Community Treatment Team (ACT)	
Contact information	Major's Path, St. John's, NL Telephone:(709) 752-3511
Services provided	Assertive Community Treatment (ACT) is one of the measures to support social integration. It represents a way of organizing the clinical work of an interdisciplinary team in a coherent and integrated manner, including psychiatric treatment, rehabilitation and support services to people with severe mental disorders.
Targeted population	People targeted by the ACT team are those who: <ul style="list-style-type: none"> • Have a psychotic disorder (schizophrenia, schizoaffective disorder or bipolar disorder) • Do not receive regular services • In most cases, have been readmitted to a hospital • Often present with concomitant disorders (alcoholism/drug addiction, trouble with the law) • Experience major difficulty in functioning normally in the community.
Services in French	Information not available
Website	https://www.bridgethegapp.ca/adult/service-directory/
Other relevant information	Other resources on Assertive Community Treatment (ACT) http://www.douglas.qc.ca/page/intensive-case-management

Appendix C: Graphs based on the online survey (57 respondents)

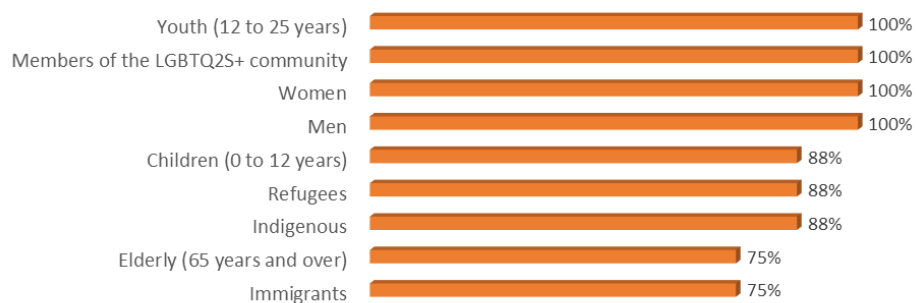
Graph 10.
Satisfaction with mental health and addictions services according to area



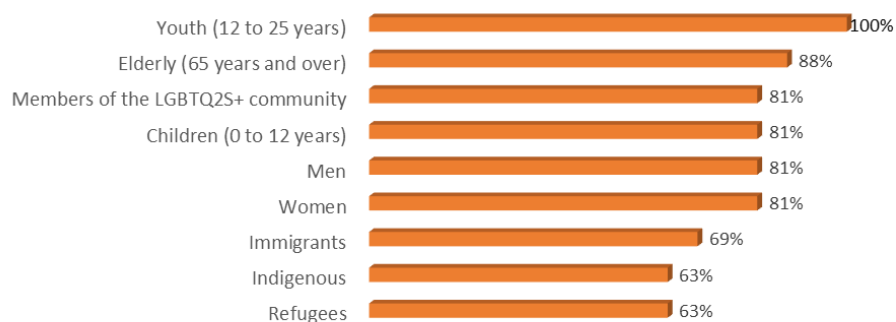
Graph 11.
Importance of mental health services according to type of situation and area



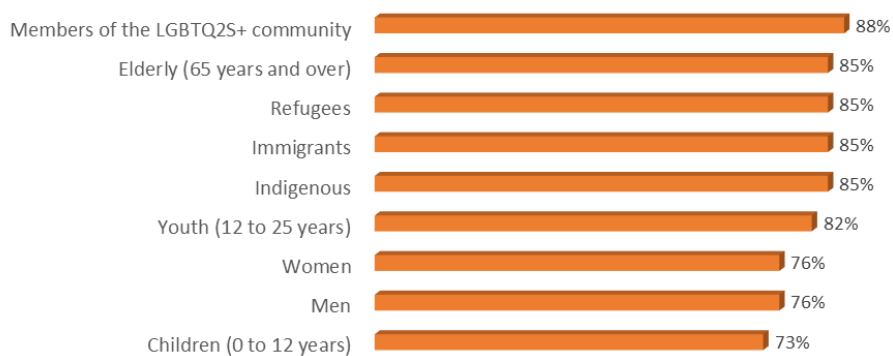
Graph 12.
Northern Labrador: Priority groups for mental health services in French



Graph 13.
West Coast: Priority groups for mental health services in French



Graph 14.
St. John's: Priority groups for mental health services in French



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