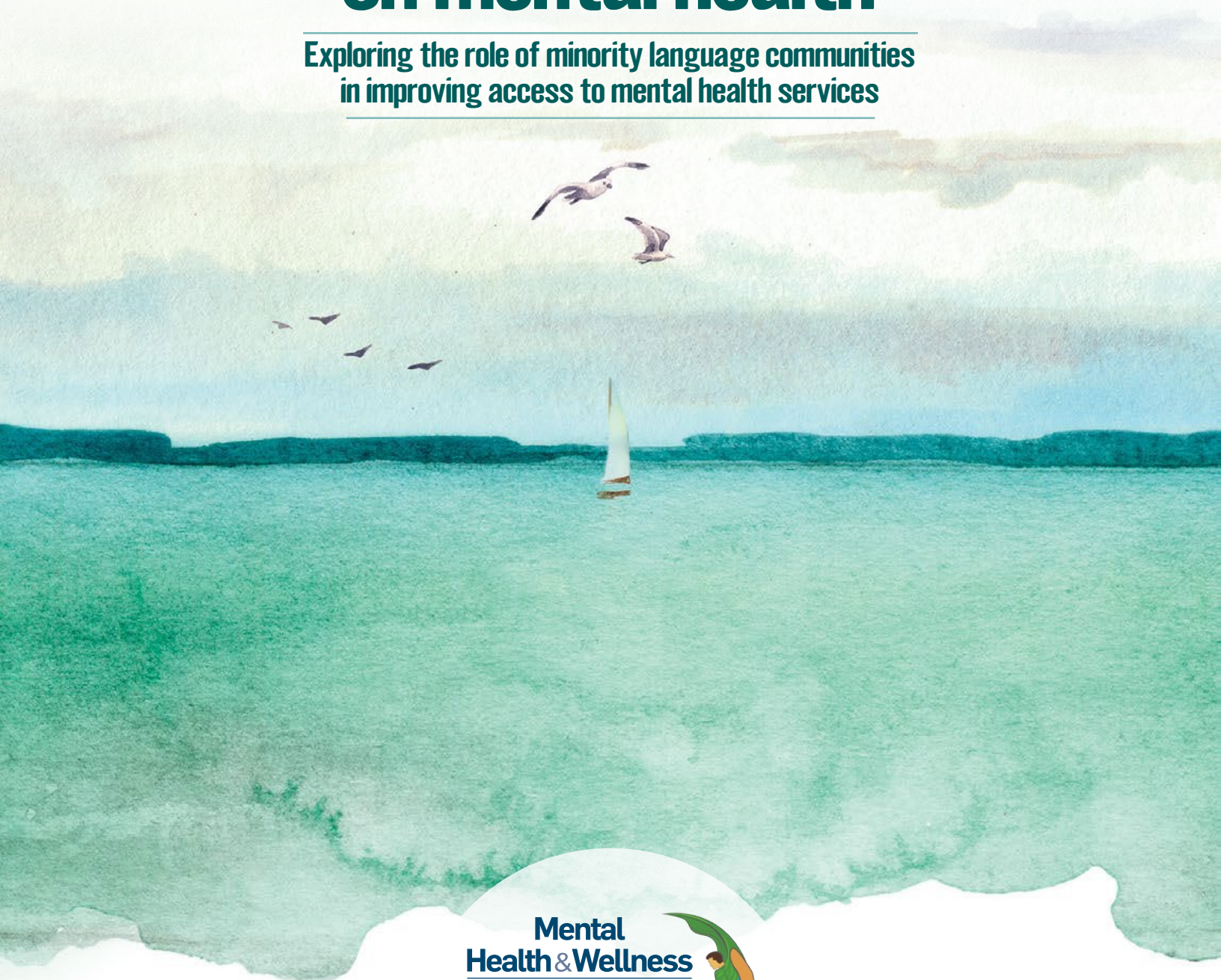


Establishing a community

TASK FORCE

on mental health

Exploring the role of minority language communities
in improving access to mental health services



Mental
Health & Wellness
Gaspésie



MARCH 2021

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Organizations mentioned in the text

CASA: The Committee for Anglophone Social Action is a non-profit organization that represents the English-speaking community's interests in Gaspésie by designing and delivering programs that respond to its needs. Now the fiduciary organization for the task force.

Centre Accalmie is a community non-profit organization offering support and a residential stay to individuals experiencing difficulties.

CHSSN: The Community Health and Social Services Network supports English-speaking communities in the province of Quebec in their efforts to redress health status inequalities and promote community vitality.

CIRADD: *Centre d'initiation à la recherche et d'aide au développement durable* is a non-profit research center affiliated with the CEGEP de la Gaspésie.

CISSS: The *Centre intégré de santé et de services sociaux* is the provincial government institution which provides health and social services in the region.

Droits et recours en santé mentale is a non-profit organization offering support and accompaniment to individuals requiring mental health services.

Family Ties is a provincially funded *maison de la famille* in New Carlisle, providing support and services to low-income, unilingual Anglophone families.

Gesgapegiag Health and Community Services is a Band-operated community health center located in Gesgapegiag First Nation.

Gesgapegiag Human Resources Development Commission is a Band-operated employment agency serving the Gesgapegiag First Nation.

Nouveau Regard is a non-profit organization offering support to parents and friends of people suffering from mental illness.

Vision Percé-Gaspé Now is a non-profit organization working on behalf of the English-speaking community from Manche d'Épée to Corner of the Beach in the Gaspésie.

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Health
Canada

Santé
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Establishing a community task force on mental health

Exploring the role of minority language communities in improving access to mental health services

Context on Mental Health and the minority English-speaking community in the Gaspé

Mental illness and addictions are a major challenge for Canadian society. According to the Canadian Association for Mental Health, in any given year one out of five Canadians will experience a mental illness. Young people aged 15 to 24 are more likely to suffer than any other age group. People with mental illness are twice as likely to have an addiction as those without. Sadly, the stigma surrounding mental health issues prevents many of those suffering from accessing services: a 2016 survey indicated that 40% of those dealing with anxiety or depression did not reach out for help¹.

Governments and corporations are paying more attention to the need for increased mental health support at the community level, but is there a role for non-professional community resources? The objective of this case study is to recount the success of a mental health task force working for the English-speaking community in the Gaspésie, an interesting

model for providing effective community mobilization on this pressing issue.

The Gaspé Peninsula in Eastern Quebec is roughly the size of Belgium, jutting into the Gulf of Saint Lawrence just north of New Brunswick. A 2018 profile of the English-speaking population of the region² indicates the English-speaking community numbers just over 8,000 individuals, representing about 10% of the total population. The proportion is highest in Avignon and Bonaventure Municipal Regional Counties (MRCs), on the southern and western edges of the Peninsula.

A note on First Nations

There are two Mi'gmaq First Nations located in Avignon MRC where English is the language of service of the majority of the people. According to the Census Canada profiles for 2016, the communities of Gesgapegiag and Listuguj have a combined population of about 1,700³, which means they make up a significant proportion of the population desiring access to health services in English. Gesgapegiag Health and Community Services had played a major role in developing the 2010 survey, so from the inception of the task force it was considered essential to have the active participation of that community.

1. Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.
2. Richardson & Pocock. (2018). English-speaking communities of the Gaspésie – Îles de la Madeleine, prepared for CHSSN.
3. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=2406802&Geo2=PR&Code2=24&SearchText=Gesgapegiag&S> and <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=2406804&Geo2=PR&Code2=48&SearchText=Listuguj&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=2406804&TABID=1&type=0>

Socio-economic vulnerability

Based on data from the 2011 National Household survey, the English-speaking population in Gaspésie-Îles-de-la-Madeleine ranked first of all the Official Language Minority Communities in the country for socio-economic vulnerability. The region was also among the top ten in terms of the measure for poverty when all Official-language Minority Communities (OLMCs) across Canada were taken into consideration.⁴

According to the 2018 community profile⁵, the English-speaking community continues to face the following challenges:

- A high percentage of elderly persons, with few family caregivers living in the region
- English speakers in the region are less likely to have a high school diploma or a university education than their francophone counterparts
- The community is scattered over a large territory, leading to difficulties in reaching community members and accessing services
- Throughout the entire region, English speakers are more likely to live in low income households (less than \$20,000 per year) and are much less likely than their francophone counterparts to be living with a high income.
- With the exception of the Côte-de-Gaspé MRC, English speakers have a much higher rate of unemployment than their francophone counterparts.
- A much larger proportion of children live in lone-parent households than amongst their francophone counterparts (40% compared to 23%).

The community profile goes on to indicate that English speakers in Quebec are less likely than their francophone counterparts to receive health information from the provincial health care system. English-speaking communities in the Gaspésie show the highest tendency to receive information about health and social services in English from a community organization. They are also the most likely regional community to turn to a community resource for support in the case of illness⁶. This underlines the important role of community organizations in meeting community needs.

A study undertaken by the Centre intégré de santé et de services sociaux de la Gaspésie-Îles-de-la-Madeleine (CISSS) in 2018⁷ indicates that the anglophone population has some strengths that show promise in terms of mental wellness and community mobilization: 52% of anglophone respondents to a survey indicated that they perceive their mental health as very good or excellent and 95% were satisfied or very satisfied with their lives. In the same study, 68% had a strong feeling of belonging to their community, and 54% indicated they had a very high level of social support.

The same study reports that 22% of anglophones indicated a high level of psychological distress, and 12% had seriously thought of suicide or had made an attempt during their lifetime. Both results were similar to responses from their francophone counterparts.



4• Pocock, Dr Joanne. (2016). Key Socio-demographic Characteristics of English-speaking Children, Quebec and its Regions, 2011. PPT prepared for the Community Health and Social Services Network, slide 11.

5• Richardson & Pocock. (2018). English-speaking communities of the Gaspésie – Îles de la Madeleine, prepared for CHSSN.

6• Richardson & Pocock. (2018). English-speaking communities of the Gaspésie – Îles de la Madeleine, prepared for CHSSN.

7• Dubé, Nathalie and Parent, Claude. (2018). *La santé et bien-être des anglophones de la Gaspésie-Îles-de-la-Madeleine*, prepared for Direction de la santé publique Gaspésie-Îles de la Madeleine.

The Impact of COVID-19

It appears that the isolation measures in place to control the spread of the novel coronavirus are taking a greater toll on the mental health of anglophones in Québec than their fellow citizens: A Université de Sherbrooke study of Quebecers' response to the COVID-19 situation in September 2020 indicated that anglophone respondents were twice as likely to report symptoms of anxiety and depression as a result of the isolation measures than were their francophone counterparts.⁸



TASK FORCE

8• Blouin-Genest et al. (2020). The role of communication strategies and media discourse in shaping psychological and behavioral response to the COVID-19 outbreak: an international comparative analysis. Prepared for the Université de Sherbrooke.

Evolution of the mental health task force

While there have been major strides made over the years in establishing good working relations between the regional health authorities and the English-speaking community, mental health has been lagging behind other health sectors in terms of attention. The establishment of the mental health task force was born of a desire to see more light shed on this vital aspect of health.

The catalyst: community mental health survey

In 2010, two anglophone community organizations, the Committee for Anglophone Social Action (CASA) and Vision Gaspé-Percé Now (Vision), joined Gesgapegiag Health and Community Services in preparing a study on mental health needs amongst English speakers in the region. A survey questionnaire with about 100 questions was distributed amongst households and during community events to solicit information about the kinds of mental health challenges people were facing.

Over 900 responses to the questionnaire were collected, and the data was processed and analyzed by a local research organization, *The Centre d'initiation à la recherche et d'aide au développement durable* (CIRADD) affiliated with the CEGEP de la Gaspésie. The study concluded that the determinants of mental illness were found to be unemployment, low income and low level of education.⁹ The study also indicated a high level of suicidal thoughts amongst the respondents (11%). There was a concentration of mental illness and its social determinants in Bonaventure MRC and, to a lesser extent, in Avignon MRC.

While the report was used by the Gesgapegiag Health and Community Services to argue effectively for better community mental health services and an increased number of human resources, such was not the case in the non-Indigenous English-speaking communities.

The task force is born

By the fall of 2015 a number of individuals began to meet to discuss the results of the 2010 survey and explore how they could bring the issue of mental health and well-being to the forefront. The task force, as it was called, was composed of community members and staff from community organizations:

William Allmand, Social worker at Maria Hospital emergency ward

Cathy Brown, Executive Director, Committee for Anglophone Social Action (CASA)

Marie-Claude Brière, Vision Gaspé-Percé Now

Cynthia Dow, Community member and chairperson

Rev. Nicholas Forte, Anglican priest for the parishes of Chaleur Bay

Fay Gallon, Staff support from CASA

Cheryl Henry, Executive Director, Vision Gaspé-Percé Now

Tammy Martin, Director of the Gesgapegiag Human Resources Development Commission (GHRDC)

Tom Payette, Addictions expert

9• CIRADD. (2010). Social determinants of mental illness among Anglophones... And the Aboriginal People of Gesgapegiag

Brenda Ross-Jerome, Gesgapegiag community member and IA Career Counsellor, GHRDC

Jessica Synnott, Vision Gaspé-Percé Now

In 2016 Family Ties, an English *maison de la famille*, joined the task force and in 2017 Eastern Shores School Board began to send a representative as well.

It is important to note that the community organizations involved in the task force had already been laying the groundwork for community involvement in the mental health sector. For example, Vision Gaspé-Percé Now was involved in the establishment of the *Centre de ressourcement, de réinsertion et d'intervention* (CRRRI), located in Gaspé town. And Family Ties had been working through regional policy tables to bring to the fore the pressing needs of the English-speaking community. CASA worked at the regional level with the Regional Access Committee for Health and Social Services and at the local level by offering community-based activities such as Seniors Wellness Centres and youth life skills programming.

In March of 2016 the task force decided to hold a day-long forum for which three objectives were established:

1. To initiate a conversation within the Mi'gmaq and English-speaking communities about mental health and addictions, and to initiate a conversation with health care providers.
2. To identify needs and barriers to access, in order to lay a framework to work together to find effective solutions.
3. To empower the English-speaking and Indigenous community members by providing information about existing public and private services, and mental health organizations in the region.

The community forum

On Thursday, November 3, 2016 the Mental Health and Addictions Forum was held in Chandler under the theme: *For the well-being of the First Nations and English-speaking communities of the Gaspésie*. About 60 people attended the forum, including community members, staff members of the regional *Centre intégré de santé et de services sociaux* (CISSS), representatives of Gesgapegiag Human Resources Development Commission and Gesgapegiag Health and Community Services, staff members and volunteers from CASA, Vision and Family Ties, as well as a number of professionals in private practice. The event was sponsored by:

- AMI-Québec
- Committee for Anglophone Social Action
- Community Health and Social Services Network (CHSSN)
- Centre Intégré de Santé et de Services Sociaux Gaspésie-Les Îles (CISSS)
- Gesgapegiag Human Resources Development Commission
- Vision Gaspé-Percé Now

The PDG of the regional health agency welcomed the participants, and there was a presentation sponsored by the CHSSN on relevant data from their report based on the 2011-2012 Canadian Community Health Survey¹⁰. The representative of the CISSS on the task force gave an outline of services available from the public health agency, and the representatives of the Gesgapegiag Human Resources Development Commission explained their approach to mental health and wellness.

10• Pocock, Dr Joanne. (2015). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities, prepared for CHSSN.

The participants then attended workshops, out of which came the following major themes:

- Linguistic barriers exist both for service providers and users.
- Social isolation and distance from services are other barriers.
- Stigma remains an important issue: fear of lack of confidentiality, fear of admitting illegal behaviours (in relation to addictions), racial profiling of Indigenous individuals.
- Availability of adequate services was questioned: Does the region have the human resources to provide high quality services to our communities? Are the services visible enough? What is the impact of high staff turnover on service delivery?
- Partnerships are vital and those that exist are working effectively.
- There are great role models in the community: people who have struggled with mental health and addictions and are willing to talk about it.

Language and access to services

When it comes to providing health care, the role of communication is central, and it cannot be denied that this is even more important when mental health issues are at play. A study produced in 2013 by the Institut national de la santé publique du Québec indicated how “...quality communications and mutual understanding are essential components in the provision of health care and social services.”¹¹ The study goes on to point out that communication barriers result in

minority language groups using mental health services less often than their majority language counterparts.

In the Gaspésie, levels of bilingualism are lower than the provincial average on both sides of the language divide, making access to services more challenging. In 2016 at the provincial level, 41.5% of Quebec francophones declared themselves bilingual at the census while the rate of bilingualism amongst anglophones was 66.2%.¹² A study undertaken by Emploi Québec in 2015 indicates that the rate of bilingualism amongst anglophones in the Gaspésie ranged from a high of 58% in Côte-de-Gaspé MRC to a low of only 15% in Avignon MRC. Likewise, the rate of bilingualism amongst francophones ranged from 28% in Avignon to 15% in Rocher-Percé.¹³

A three-year plan is drafted

Armed with the outcome of the forum, a task force meeting was held in January 2017 to prepare a three-year action plan. The members agreed that the long-range goal was to:

Ensure access to the full range of mental health and addictions services in English at all levels of the health care system, and in the community.

Fortunately, by 2018 the task force was able to secure funding from Canadian Heritage to begin forging new links with Francophone partners. Funding for other activities was gleaned from the community organizations at the table, the Gesgapegiag Human Resources Development Commission, Bell Canada and Caisse Desjardins. A series of community events were organized to help people understand and find ways to deal with common mental health challenges, in particular anxiety and depression.

11• Ouimet, Anne-Marie et al. (2013). Language Adaptation in Health Care and Health Services: Issues and Strategies prepared for Institut national de santé publique du Québec.

12• <https://www.canada.ca/fr/patrimoine-canadien/services/langues-officielles-bilinguisme/publications/statistique.html>

13• Chabot, Alexandra. (2015). Fiche territoriale MRC La Côte-de-Gaspé. Prepared for Emploi-Québec.

Consumer engagement

In carrying out the three-year plan, the task force made use of the following strengths in the region:

- a strong sense of community
- strong family values, tight-knit family groups
- great role models
- a good organizational infrastructure
- solid partnerships
- a high level of volunteerism

Consumer engagement was the approach used to empower people to take increased responsibility for their mental well-being. Sharing through story and song by members of the community who have faced mental health challenges themselves helped to open up the conversation and de-stigmatize mental illness and addictions.

The task force intended to make community action their main approach for a number of reasons:

- First, the Quebec health care system was under stress from a series of structural changes and budget cuts which would make any significant contribution from public institutions somewhat problematic.
- Secondly, linguistic and cultural barriers reduce the effectiveness of these services when delivered to the English-speaking and First Nations communities.
- And thirdly, community connections, stress reduction activities and a good public education program can go a long way to enhancing mental well-being. Indeed, social capital and a sense of belonging are known to enhance mental health and are now key areas of action in mental health initiatives.¹⁴

YEAR 1: CULTIVATING LEADERSHIP AND PARTNERSHIPS

Objective

An effective working relationship is established between the task force and the CISSS and other service providers in order to ensure the First Nations and ESC have access to Mental Health services that are adapted to their specific needs.

William Allmand, a social worker, was the first representative for the CISSS on the task force. He noted that the health sector recognizes that the English-speaking population tends to consult less: "The CISSS workers weren't aware of the barriers, for example, lower income, transportation challenges, etc. The task force has created awareness of the issues that the English-speaking community faces. There is still work to be done. This is an on-going process. It is important to have such an independent advisory body."

The task force also started to develop new relationships with non-profit organizations such as *Nouveau Regard*, *Centre Accalmie* and *Droits et recours en santé mentale*. The regional English school board, Eastern Shores, was invited to name a representative to the group.

In developing these relationships, the task force adopted the First Nations perspective that personal -- not professional -- relationships are central to social cohesion and collaboration. In the early years the task force met in small community centers and the Family Ties collective kitchen. Members often brought in home-baked goods to share. Sometimes potluck lunches were organized. This created a relaxed, convivial atmosphere that resulted in a tightknit group where everyone was willing to go the extra mile to help.

YEAR 2: A COMPREHENSIVE AWARENESS STRATEGY

Objective

The English-speaking community has increased awareness of mental health and well-being. The English-speaking community is informed of available services.

The goal of year 2 was to develop a comprehensive awareness strategy with all relevant resources involved. This would include public education at a local level, particularly beginning at a young age: early intervention is key to prevention, to reduce stigma and create a safe environment for discussion and exchange. The task force wanted to normalize discussion of mental health challenges through activities in schools and within community groups, work environments, and old age homes.

The task force collaborated with the Eastern Shores School Board (ESSB) and CASA to provide role models to speak at a two-day Headstrong event for high school students in March 2019. A national initiative by the Mental Health Commission of Canada, Headstrong encourages youth 12 to 18 years of age to speak up about mental health challenges.¹⁵ At the summit, the task force chairperson spoke of her struggles living with anxiety, and a local social worker spoke about his wife's depression and consequent suicide. Each high school involved formed a student committee to work on opening up the discussion about mental health struggles within their own schools.

The ESSB representative on the task force, Sandy Astles, noted that for the 26 students who participated, "...the event was one of their best high school memories." She explained that the initiative came about as a result of her participation in the Task force. "I wouldn't have thought that CASA (the fiduciary organization for the task force) had anything to do with mental health, and I hadn't heard of all those French

resources before. Participating in the task force has built up my knowledge base. That's what it's all about: teamwork, getting everyone on the same page."

Inspired by an initiative undertaken by the francophone community in Nova Scotia, the *Réseau Santé Nouvelle-Écosse*, the task force produced a resource guide, available online and in booklet form¹⁶, about mental health resources in the region which included basic information about common mental health challenges, mental illness, mental wellness and how to go about reaching out for help. The booklet was distributed throughout the region at community events, elders' wellness centers, etc.

The guide provided a useful backdrop to a number of public events designed specifically for women at which speakers provided ideas for cultivating and maintaining mental wellness through story-telling, art and song. The 180 women who attended received the resource booklet, a blank journal, and other printed materials about mental health and wellness.

Another important initiative was organizing two Health Fairs in the fall of 2019, one at each end of the peninsula. Information booths, presentations and workshops focussed on awareness and education, and available services. The CISSS representative, Ms Gédéon and some of her colleagues made presentations at the health fairs and promoted the CISSS services by manning a booth at both events. Workshops on alternative stress reduction techniques included mindfulness meditation, Reiki, spirituality, qigong, yoga, family wellness, and creativity. Altogether about 100 people attended the fairs.

15• <https://www.mentalhealthcommission.ca/English/resources/training/headstrong>

16• https://casa-gaspe.com/wp-content/uploads/2019/10/Mental-health-Guide_May9.pdf

YEAR 3: ENSURING AND ENCOURAGING ACCESS TO SERVICES

Objective

Members of the First Nations and the ESC are encouraged and empowered to come forward for help.

Besides ensuring the community was informed of available services, the task force decided to put an emphasis on providing training to individuals from the various community organizations and volunteer members of the community to help them identify those requiring mental health services and refer them to the appropriate service.

The CISSS was approached to allow their representative on the task force to become a trainer for both the Mental Health First Aid and the Gatekeeper training programs. By this time the CISSS had named Nancy Gédéon as their representative, given her mandate as the Répondante régionale pour la promotion/prévention en santé mentale.

As a result of her work with the task force, and in collaboration with the CHSSN, Ms Gédéon became certified as a trainer for Mental Health First Aid for adults working with youth and for the Gatekeeper program for suicide prevention. "It can't be denied that this has definitely been advantageous to the CISSS, since I have been giving these trainings in French as well," Ms Gédéon noted. In collaboration with the CHSSN, she has also offered the training in English outside the region (*Estrie, Îles-de-la-Madeleine and la Côte-Nord*).

In the Gaspésie, 65 teachers, community workers and volunteers have taken training programs to increase their ability to recognize

someone struggling, refer them for appropriate interventions, and prevent suicide.

For Ms Gédéon, involvement in the task force has been positive for both the CISSS and for the English-speaking healthy community. "This kind of participation helps with communication: I know the needs directly and can get immediate feedback from these partners. And when the community groups have a problem to solve, I know who to go to within the CISSS. I feel involved, respected and even privileged to have this access to the community. I really appreciate the connections I have developed with the different organizations around the table."

Start with yourself
WORKSHOPS FOR WOMEN

Breaking the Habit of Being Yourself February 11, 6:30-8:00 p.m. New Richmond United Church Hall An inspiring conversation for women who want to change something in their lives, whether it is to kick-start a healthier lifestyle, follow a dream, become more self-confident or to step into a better version of themselves. This workshop will raise your awareness about how your habits and beliefs trigger your fears and limitations, keeping you stuck and unable to change and improve your life. Speakers include Mary Robertson, Linda Drodzy and Tammy LeBlanc.	Interrupt Your Stress and Anxiety February 18, 6:30 to 8:00 p.m. New Richmond United Church Hall In our busy and over-stimulating world, stress and anxiety have become an ever-growing problem in our lives. Worries, doubts, and anxieties are a normal part of life, but living in a constant state of stress, worry, and negative thinking can lead to emotional and physical health problems. This workshop will focus on ways to interrupt your stress and anxiety by learning healthy wellness practices to help you break free from your negative thinking cycle. Speakers include Mary Robertson, Ann Kelly and Faye Legresley.	Choices and Changes Coping with Fears February 25, 6:30 to 8:00 p.m. Maison Blanche, New Carlisle Throughout our lives we are constantly making choices and changes that shape our future experiences. Everyone has different ideas about what is important to them and everyone has the right to make the choices and changes that they think will make them happier. This workshop will focus on dealing with fears that hold us back and prevent us from making positive choices, enabling us to change, move forward and thrive in our lives. Speakers include Mary Robertson, Ann Kelly, and Linda Drodzy.
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To register or for more information, please contact Mary at 418-759-5496 or mary@casa-gaspe.com

Mental Health Services Gaspésie • CASA • CISSS

Strategic planning

In May 2019 as the three-year plan was drawing to an end, the task force held a strategic planning session with support from the CHSSN. This provided an opportunity to re-engage partners and redefine the focus of the group. It was decided to change the structure of the task force to an advisory council, and to organize a new survey in order to better understand the needs of the community.

Outcomes

Increased mental health support services for the English-speaking community

For the first time in its history, CASA, the fiduciary organization, has hired a social worker. Matthew Munro's position is called Health and Social Services Mobilization Officer. He is concerned about the lack of bilingual and English-speaking workers in the health care sector in the region. "There is a six to eight month waiting list to see someone who can offer services in English. Knowing the language of the client very well is key to providing good mental health care: picking up on the social cues, the cultural cues, knowing the history of the community, all are essential."

The aim of Mr Munro's work is not to provide services in duplication of what the regional health authority offers, but rather to offer supportive and complementary services, and to ensure representation of the English-speaking community on regional bodies such as the regional tables on mental health and youth, and three working groups: *logement jeunesse*, *lieux de socialisation* and *support aux intervenants*. Mr Munro also acts as a patient navigator and on occasion an advocate for anglophones trying to find their way through the system to the right service.

Linguistic and cultural adaptation of mental health services

Mr Munro will also be offering monthly café-rencontres to bring together service providers and community workers. The objective is to share ideas about improving access and to maintain those interpersonal relationships that are so helpful in delivering services effectively and efficiently. Despite the challenges, Mr Munro sees "...some easy solutions. It's a matter of organizing. Everything we need is there but it's making the connections and the transfer of knowledge that is key -- an inter-disciplinary approach and personal relationships to ensure effective referrals."

Important role of the minority language organizations in promotion

The outcomes achieved as a result of establishing the task force far outstrip those resulting from the three-year action plan. There have been a variety of concrete strategies and activities around mental health and well-being undertaken by the community groups involved in the task force. The number of participants at these events far exceeded expectations.

CASA's Women's Day event in 2020 focussed on mental well-being, and attracted 150 women of all ages. There were presentations by those who have struggled with mental health issues, songs and skits, and presentations on stress reduction techniques. And in partnership with the *Association Québécoise de prévention du suicide*, CASA placed ads in the local English paper, used their online presence to promote the provincial suicide prevention line, and

produced and distributed English-language materials on suicide prevention aimed at the general public.

Vision set up an information booth at the mall in Sandy Beach during Mental Health Awareness week in May 2019. Four biweekly caregiver workshops were offered in 2020 with a local psychologist, as well as online sessions with a local wellness coach on issues such as self-care, living with intention and sleep hygiene. In February 2021 they sponsored an online training on Mental Health First Aid for Seniors, which 12 attended. Plans for a Women's Wellness Club should become reality in April 2021, starting with walks and talks in collaboration with the *Regroupement des femmes*.

The Eastern Shores School Board organized three workshops on dealing with trauma, attracting 50 participants.

Family Ties organized a special event for parents about mental health issues in children.

Twenty parents attended, including some fathers – a rare occurrence. Parents in the Baby and Me group received information about infant mental health and factors which can have a positive or negative effect, with six participants. Two members of staff received training from a psycho-educator on Circle of Security (an intervention program to promote secure attachment between parents and children). During the COVID-19 lockdowns, 83 participants of Family Ties Youth Programs had continued access to support and regular age-appropriate discussions about their mental health.

Up-dated needs assessment

The task force needs a thorough up-to-date needs assessment in order to work effectively with the CISSS and other public and private partners. In February 2021 a new community mental health survey was launched by the Committee for Anglophone Social Action and Vision Gaspé-Percé Now. Results should be available in mid-2021. The survey will hopefully provide more detail on needs so that future actions can be targeted appropriately.



THE TASK FORCE HELD HEALTH FAIRS IN THE FALL OF 2019

Lessons learned

From complaint to collaboration: a value-added approach

There are various ways of dealing with limited access to services, including lobbying techniques, issuing formal complaints, and meetings with top level officials, but the task force members came to believe that developing relationships at the grassroots and frontline levels is very effective for both health care providers and users. At the inception, the task force included representation from the Gesgapegiag community and as a consequence its activities were influenced by Indigenous approaches to collaboration and consensus. This has been highly advantageous in developing the strong partnerships that have evolved. The approach creates a two-way bridge, allowing knowledge transfer both ways so that service providers get to know the community they serve, and the community members get to know the frontline workers. Over the past two years, the Indigenous communities have decided to go their own way in working with the regional health network, focussing in part on developing cultural competence on the part of health care workers.

The task force took a “value added” approach to our partnership with the regional health service providers by offering knowledge, advice and the opportunity to participate in community events to help them better perform their mandate of providing promotion and prevention activities in English. As members of the community become familiar with some of the service providers, they feel more comfortable reaching out for services. And health services providers become increasingly familiar with community needs and concerns.

Structural issues

From its inception, the task force was a very informal, loosely-knit group. The instigators did not want to spend precious time and resources establishing a formal structure which would necessitate incorporation, policy development, and other bureaucratic considerations. But this informal structure had its limitations: funding had to come from other sources since the group was not able to apply directly for any kind of financial support. Fortunately, all the groups sitting around the table came through for the Task force, donating money themselves or playing a fiduciary role in obtaining funding from such sources as Health Canada, Bell Let’s Talk and Caisse Desjardins. The regional health table also participated by providing free meeting space, photocopying facilities, and so on.

A related issue was that of staff support. The task force benefited greatly from the generous amount of staff time allocated by the various community organizations which made up the task force, in particular to carry out such activities as the 2016 forum and the Health Fairs in 2019. However, especially at the beginning, staff support was inconsistent and intermittent. Those staff members on loan for various activities had many other tasks, and on some occasions forward movement was slow. In particular in terms of promotion and communication, the task force did not always plan in enough detail to ensure consistent messages, effective promotion of activities, and follow-through with regional media.

Importance of therapeutic support at community events

At the community forum in 2016 task force members learned the vital lesson that when mental health is the topic of the day, it is best to be very well prepared: a young woman became overwhelmed after hearing the keynote address about living with anxiety. Thankfully there were a number of social workers in the room who were able to help her deal with her reaction. Due to this incident, ESSB ensured that CISSS social workers were on hand for the Headstrong event held in 2019. Organizers of such events should always have professionals on hand to deal with people who are triggered.

It is equally important to have a private room for those who are sharing their own lived experience with mental illness. Speakers can experience enhanced vulnerability, emotional fatigue and symptoms of their mental illness may even be triggered by their sharing. They need a place where they can be alone to regain balance, or perhaps debrief with a sympathetic listener.

Importance of formal evaluation processes

Although there were evaluation sheets handed out to participants at some of the community events organized by the task force, on the whole activities were not evaluated with any great rigour. Taking the time for regular evaluation of activities and plans may have helped the group deal earlier with some of the organizational challenges which cropped up.

Challenge of meeting men's needs

There has been great success in attracting women to community events, however men were largely left out of the equation. Although the task force grappled with the question from time to time, no specific initiative was attempted to try to meet the mental health needs of men in the English-speaking community. A 2018 survey¹⁷ of Quebec men sponsored by the *Regroupement provincial en santé et bien-être des hommes* indicated that, for anglophones, the key factor in the decision to reach out for help would be the availability of services in English (76%). Motivating factors for accessing services included the impact their struggles had on their children, and suicidal ideation. These motivating factors could perhaps be used to design activities specifically for men. The CHSSN has provided online gender-based data that could prove useful for targeted interventions.¹⁸

17• SOM.ca. (2018). Survey of Quebec Men, Final Report prepared for the Regroupement provincial en santé et bien-être des hommes.

18• <https://chssn.org/document-center/gender-based-socio-demographic-profiles/>

Recommendations

Provide training in mental health basics to community resources

While everyone has some knowledge of what “mental health” means, there continue to be myths and misunderstandings that must be laid to rest. If community groups are to play an effective role in improving mental wellness amongst their populations, workers should receive basic training such as the Mental Health First Aid programs available from the Mental Health Commission of Canada. This goes hand in hand with providing safety at community events, including having trained therapists on hand in case someone needs help.

Take a value-added approach to relationships with health care providers

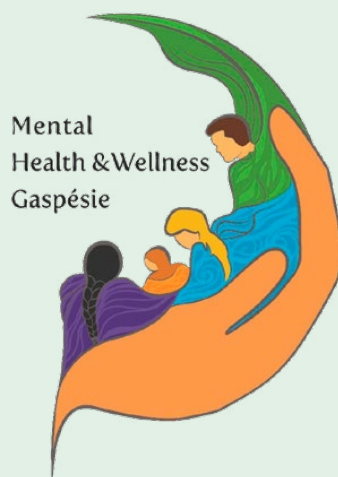
The vital importance of relationships between community actors and frontline service providers in driving meaningful and effective interaction cannot be over-emphasized. The task force found that it was important to

avoid duplication of services by offering a complementary and supportive role to frontline health care providers, involving knowledge transfer, facilitating accessibility through referrals and system navigation, as well as inviting health care providers to participate in prevention and promotion activities.

Build a strong foundation

The task force was fortunate that the community groups involved supplied funds and staffing to carry out the planned activities. It would have been preferable from the start to have named one fiduciary organization to coordinate the work of the group and to arrange for full-time staff support. The adoption of a formal evaluation approach from the beginning would have provided the task force with useful feedback to improve the scope of activities and how the activities were promoted to community members.

THE LOGO



AND THE ARTIST JESSICA JEROME

Conclusion

The experience with the mental health task force in Gaspésie has been a positive one. Given the linguistic barriers that exist between the minority language community and the provincial health care services, it is essential that the English-speaking community organizations be involved in raising awareness, reducing stigma and helping service providers improve their response to community needs.

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