


A portrait of vulnerable English-speaking Youth aged 15-29 in Quebec

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The *Community Health and Social Services Network* (CHSSN) submits the following brief to the Secrétariat à la jeunesse through their youth consultation underway to inform the next Quebec policy for youth 2030.

Introduction

The Community Health and Social Services Network (CHSSN) is a network of over 70 community resources, associations, foundations and other stakeholders dedicated to the development, through partnership, of health and social services for English-speaking communities in Quebec. It was founded in 2000 by a group of community leaders who recognized the importance of mobilizing English-speaking communities to ensure better access to health and social services in English. The CHSSN has built the capacity of organizations across the province to become experts on the needs and realities of English-speaking communities. It has given communities the tools to be active participants in the improvement of accessibility of services in English. The CHSSN model has been recognized nationally and internationally as innovative by various stakeholders in the field of community development and health care for linguistic minorities. The CHSSN has built an evidence-base of the English-speaking communities including subpopulations like the 15-29 youth population which are available on the CHSSN website [chssn.org](#).

The CHSSN has received funding from the Secrétariat à la jeunesse (SAJ) from 2021 to 2024 to promote the mental health of English-speaking youth by improving their access to resources and services and involving them in the design and implementation of activities and events that promote their agency and reduce stigma in their peers and community. Our program has focused on mental health literacy and awareness building with youth while promoting the adaptation of mental health services and resources to be more inclusive, youth-friendly and culturally appropriate to reach underserved English-speaking youth.

As stated in the SAJ guide for the consultation the mental health of an individual is affected by a variety of factors which include poverty, social exclusion and stigma.

This brief presents a portrait of the demographic and health determinants that underscore the vulnerability of English-speaking youth aged 15-29 with respect to their health status and in particular their mental health and access to services in their language.

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Socio-demographic Profile of English-speaking Youth

English-speaking youth in Quebec have a very different profile from the majority population in ways that contradicts popular beliefs about the English-speaking community. Their profile represents a much more economically vulnerable and disadvantaged population than the French-speaking majority population. The following bullets highlight some of these differences derived from the 2021 Census of Statistics Canada.

- There are **256,835** English-speaking youth aged 15-29 representing **20.5%** of the total English-speaking community which is a much higher proportion than the 15-29 age group of the French speaking population at 16.3%
- The **unemployment rate** for English-speaking youth is much higher than for French-speaking youth (**14.4%** vs 9.0%). For the total English-speaking population, the unemployment rate has jumped from 8.9% in 2016 to 10.9% in 2021, while remaining constant for the French-speaking majority at 6.9%.
- The **Low-Income Cut-Off (LICO)** ¹for English-speaking youth between 15 and 24 is more than double that of the French-speaking majority (**18.1%** vs 8.7%).
- English-speaking youth have a higher proportion of youth with **incomes below \$20,000** (**50.2%** vs 43.1%).
- **17.5%** of the English-speaking youth are **recent immigrants** vs 5.3% of French speakers.
- Yet despite these negative factors, English-speaking youth have a higher level of **educational attainment** (**23.8%** vs 16.1%).

Language barriers and access to health and social services

In addition to the Census information CHSSN has developed other indicators that deepen the understanding about the challenges facing youth when they are in need of health and social services.

According to a 2023 CHSSN provincial survey of 4,318 English speakers, respondents reported using the services of a hospital emergency room or out-patient clinic more than French-speakers (27% vs. 16%), and are also consulting them more frequently in the last 12 months (43% vs 29%). Moreover, respondents more often sought out health or social service professionals for a mental health problem (29% vs. 14%).

When asked how important language of service from health or social service professionals is when consulting for a mental health concern, the majority (91%) of the English-speakers who had been served in their language thought that it was very important to have obtained the service in English. Also, 65% of the English-speakers who had not been served in English claimed that it would have been important to be served in English.

A growing body of research is illustrating that a social group may face additional health risks where dominant cultural values contribute to their marginalization, to the loss or devaluation of their language and culture, and to barriers in access to culturally appropriate health care and services. Economic vulnerability, lack of recognition or sense of belonging, and the lack of voice associated with discrimination and social exclusion are linked to various health risks.

Language barriers and socio-economic factors are key considerations in the case of the surge in rates of anxiety and depression among English-speakers during COVID-19. Dr. Melissa G  n  reux, professor at the Faculty of Medicine and Health Services at the Universit   de Sherbrooke and advisor to the Direction de sant   publique, reported that consistently, across regions, there were social groups that are more affected by the pandemic than others. These at-risk groups were adults aged 18-24, English-speakers and health care workers. In the words of Dr. G  n  reux, “In our study, 37% of adults aged 18-24 reported symptoms of anxiety or depression in the previous two weeks. It is concerning that a significant portion of young people are not doing well. It is equally striking that Anglophones are twice as likely as Francophones to have anxiety or depressive symptoms.”

In 2021, CHSSN undertook its own collaborative community-based research by launching a ‘Youth Pulse Check’ survey designed to gain insight into the wellbeing of 456 English-speaking youth (18-29) and their experience accessing mental health care and supports across Quebec during COVID-19. The results were extremely concerning. In a time when 90% of young respondents said they struggled at least somewhat often with their mental wellbeing, the survey revealed that overwhelmingly English-speaking youth felt there was a dramatic lack of adequate mental health services and support in English in their regions.

While many respondents reported having sought out help in the past without success (meeting with barriers such as long wait lists, the prohibitive costs of mental health support, or the unavailability of services in English) others reported not having sought out help at all because of a lack of information about services to which they might turn.

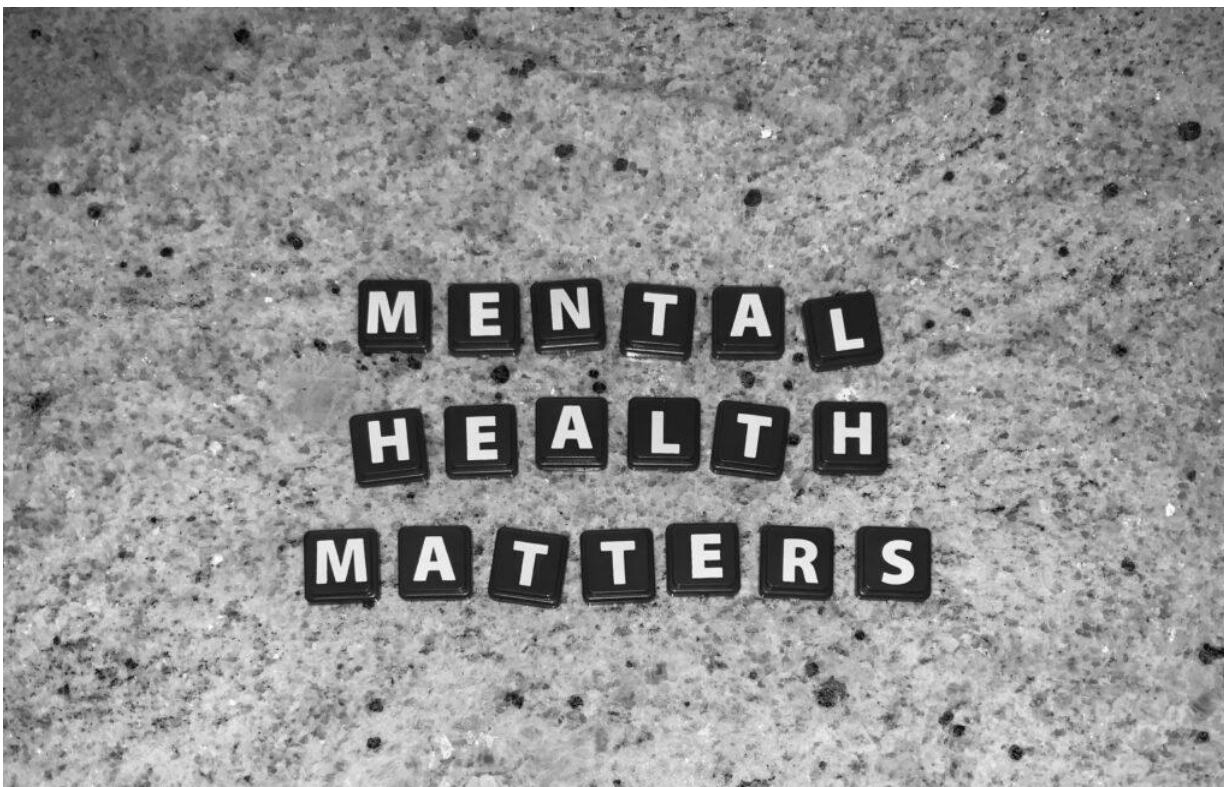
A significant finding of the Youth Pulse Check survey is the extent to which Quebec’s English-speaking youth are struggling financially and, the extent to which they feel this struggle affects their mental health. Financial struggles disproportionately affected the mental health of:

- Black respondents (44% of whom said their financial struggles affected their mental health),
- respondents who identify as nonbinary, transgender, Two-Spirit, or other (49% of whom said their financial struggles affected their mental health),
- respondents who have aged out of foster care (90% of whom said their financial struggles affected their mental health).

These vulnerabilities were evident even prior to the pandemic. The 2018 Canadian Community Health Survey showed that English-speaking youth (15-24) scored low on many mental and emotional health indicators when compared to other age groups within their language community, as well as compared to French speakers of the same age. English-speaking youth were less likely to report their mental health as excellent (31.3%) compared to French-speaking youth (43.5%). They were also less likely to feel they were a person of worth (44.9% compared to 53.7%) and less likely to have individuals upon whom they can depend (71.9% compared to 79.8%).

The collective work of CHSSN and its English-speaking network of organizations has revealed many dramatic gaps in mental health and social services for English-speaking youth as well as numerous barriers. Quebec's rural regions have even more challenges due to fewer bilingual professionals, dispersed populations across large geographic territories and higher levels of stigma about seeking out mental health services.

Quebec's English-speaking youth have strong and valuable opinions to share about accessing mental health support in the province and this expertise should be leveraged in the design and implementation of services and resources to support them. We believe this will help reduce stigma around mental health struggles and promote the use of mental health services amongst English-speaking Quebecers (15-29).



Recommendations

As we work together towards improving equitable access and outcomes for youth and young mental health service-users across the province, here are two critical recommendations for the *Politique québécoise de la jeunesse 2030*:

- That the needs and challenges of English-speaking youth are **recognized in the new action plan**.
- That there is an **equitable allocation of the resources** identified by the action plan to meet the mental health needs of English-speaking youth and that these resources be directed to community organizations serving the mental health needs of English-speaking youth.
- The new action plan establishes a **consultative committee** to advise the Quebec Government on supporting the integration of English-speaking youth and identify/removing barriers to their access to services and supports.
- Support efforts to **enhance entry-points** to low-barrier mental health services that are accessible in English in and outside of the public health system (ie increase efforts to transform Aire Ouvertes into bilingual points of service access across the province).
- **Adapt mental health service offerings to be culturally appropriate, trauma-informed** and adapted for especially marginalized anglophone & allophone youth (including racialized, LGBTQIA2S+, Indigenous, neurodiverse, and low-literacy youth as well as youth having exited foster care) to reduce reticence to use the health system;

Bibliography

Community Health and Social Services Network. (2022). S. Nigam (independent evaluation consultant). Youth Pulse Check Results Report 2022.
<https://chssn.org/documents/ymhi-evaluation-report-2021-2022/>

Community Health and Social Services Network (2023). CROP Survey: [English-language Health and Social Services Access in Quebec](https://chssn.org/wp-content/uploads/2023/05/CROP-23-10007-English-language-Health-and-Social-Serv-Access-in-QC-2023-Report-CHSSN_V2-compressed.pdf). https://chssn.org/wp-content/uploads/2023/05/CROP-23-10007-English-language-Health-and-Social-Serv-Access-in-QC-2023-Report-CHSSN_V2-compressed.pdf

Community Health and Social Services Network. (2022). S. Nigam (independent evaluation consultant). Youth Mental Health Initiative Evaluation Report. 2022.
<https://chssn.org/documents/ymhi-evaluation-report-2021-2022/>

Community Health and Social Services Network. (2018). J. Pocock (independent researcher). Key Demographic and Socioeconomic Characteristics of Quebec’s English-Speaking Youth (15-29). <https://chssn.org/documents/key-demographic-and-socioeconomic-characteristics-of-quebecs-english-speaking-youth-15-29/>

Community Health and Social Services Network. (2015). J. Pocock (independent researcher). *Canadian Community Health Survey (2011-2012) Findings related to the Mental and Emotional Health of Quebec’s English-speaking Communities*. <https://chssn.org/documents/canadian-community-health-survey-2011-2012-findings-related-to-the-mental-and-emotional-health-of-quebecs-english-speaking-communities/>

Généreux, M. et al. (2021) Impacts psychosociaux de la pandémie de covid-19 : résultats d’une large enquête québécoise. Université de Sherbrooke.
<https://www.usherbrooke.ca/actualites/nouvelles/sante/details/43540>

Éthier, A. & Carrier, A. (2022). L’accessibilité des services sociaux et de santé chez les minorités de langue officielle du Canada et les facteurs influant sur leur accès : une étude de portée. Minorités linguistiques et société / Linguistic Minorities and Society, (18), 197–234. <https://doi.org/10.7202/1089185ar>

Ouimet, Anne-Marie, et al. (2013). Language Adaptation in Health Care and Health Services: Issues and Strategies: Language as a Determinant of Health Status and Service Quality. Institut national de sante publique du Québec.
<https://www.inspq.qc.ca/en/publications/1697>

Provincial Employment Roundtable. (2023). [CENSUS 2021 Update: A brief review of the latest data on employment among Québec’s English speakers](https://pertquebec.ca/reports/census-2021-update-a-brief-review-of-the-latest-data-on-employment-among-quebecs-english-speakers/).
<https://pertquebec.ca/reports/census-2021-update-a-brief-review-of-the-latest-data-on-employment-among-quebecs-english-speakers/>

Secrétariat à la jeunesse. (2023). *Consultation pour la jeunesse: Ta voix. Ton Québec. exprime-toi maintenant!*. Consultation Québec.
<https://consultation.quebec.ca/processes/consultationjeunesse?locale=en>

1. The low-income cut-offs after tax (LICO-AT) are income thresholds below which a family will likely devote a larger share of its after-tax income on the necessities of food, shelter and clothing than the average family. ↩

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