



COMMUNITY HEALTH &  
SOCIAL SERVICES NETWORK

RÉSEAU COMMUNAUTAIRE DE  
SANTÉ ET DE SERVICES SOCIAUX

# Language as a Determinant of Mental Health Equity

Brief submitted to the ministère de la Santé et des Services sociaux as part of the provincial consultations on the future direction of the Interministerial Action Plan on Mental Health: *Toward a renewed, integrated, and coherent vision of mental health, homelessness, and addiction*

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## Introduction

### **A few words about CHSSN**

The Community Health and Social Services Network (CHSSN) is a non-profit organization whose mission is to improve the health and well-being of English-speaking communities in Québec. In collaboration with its community, institutional, and government partners, CHSSN contributes to the development of services and initiatives designed to meet the specific needs of these communities throughout Québec.

In recent years, CHSSN has developed recognized expertise regarding the challenges English-speaking Québécois face in accessing health and social services, particularly in the field of mental health. Its work has led to a better understanding of the needs of various populations and the factors that influence their access to appropriate services.

CHSSN also participates in the work of the Intersectoral Youth Committee established by the ministère de la Santé et des Services sociaux to support discussions on issues related to youth mental health and well-being. Furthermore, the organization has conducted focus groups with members of its network to document realities observed on the ground and identify potential courses of action that could improve access to services and care pathways. The findings from this work help inform the reflections and recommendations presented in this brief.

### **About this brief**

The ministère de la Santé et des Services sociaux has chosen to integrate issues related to mental health, homelessness, and substance use into a single Interministerial Action Plan. Although CHSSN recognizes the importance of these three issues, this brief focuses primarily on the issue of access to mental health services for English-speaking Québécois. This choice reflects the expertise of CHSSN as well as that of its network members.

Because these issues are closely linked, we believe, however, that improving access to continuous, safe, and needs-based mental health services for English-speaking Québécois is also likely to generate positive outcomes for the above-mentioned issues.

CHSSN welcomes the direction of the future Interministerial Action Plan on Mental Health, which aims to better account for the diversity of realities experienced by the Québec population. The principles of equity, inclusion, and adaptation to the needs of different communities are key drivers for reducing observed inequalities in mental



health and improving access to services. It is in this context that this brief is presented, aiming to highlight specific aspects of the life trajectories of English-speaking Québécois in order to contribute to the development of measures that are more inclusive and better adapted to their realities.

For ease of review, this report is divided into four main sections. The first section presents our analytical framework and explains why language is a factor that can influence mental health and access to care. The next two sections examine, in turn, the needs and vulnerabilities observed among the English-speaking population, the barriers that limit access to services, and the impact of these barriers on care pathways. Finally, the last section presents the recommendations formulated by CHSSN to contribute to the development of the future *Plan d'action interministériel en santé mentale* (PAISM).



## PART 1

# Language as a Determinant of Mental Health and Equity in Access to Care

Language plays a fundamental role in how people understand their health status, express their needs, and interact with the professionals who support them. This reality is particularly important in mental health, where the quality of communication is a central component of assessment, intervention, and clinical follow-up.

The ability to accurately express one's emotions, distress, or lived experiences directly influences the quality of the therapeutic relationship, mutual understanding between the client and the practitioner, and participation in care decisions. For the client, proficiency in the language used in the context of care also influences their ability to provide informed consent. This impacts the safety of interventions and the continuity of service pathways.

To this end, mechanisms designed to protect the right of certain English-speaking Québécois to receive services in their language are essential and must be safeguarded. However, when language is viewed solely from this perspective, its impact on care pathways risks being underestimated.

From this perspective, this brief calls for considering language as a determinant of mental health and equitable access to care. This approach involves recognizing that language needs are not merely an administrative matter but constitute a clinical factor that must be taken into account in identifying needs, planning services, and improving care pathways.

### **English-speaking Québécois: a population with diverse needs**

English-speaking Québécois represent a population of over one million people spread across all regions of Québec. Although they share a common language, they do not constitute a homogeneous group. Their realities vary according to age, region, socioeconomic context, migration history, and other factors that influence their health and well-being.

In the context of mental health, this diversity calls for a nuanced understanding of the needs and challenges faced by English-speaking individuals. As the following sections show, certain groups face particular vulnerabilities and may encounter specific barriers in accessing services. These findings underscore the importance of adopting a linguistically sensitive approach in the planning and organization of mental health services.

## PART 2

# The Specific Vulnerabilities of English-speaking Québécois in Terms of Mental Health

Although English-speaking Québécois constitute a diverse population, several data points indicate that they face certain specific vulnerabilities regarding mental health. These realities must be considered to better understand the needs that the future Interministerial Action Plan on Mental Health will be called upon to address.

### **Significant psychological distress and high mental health needs**

Available data show that, across several indicators, English-speaking Québécois have a less favourable mental health status than that observed among French-speaking Québécois. According to the 2020–2021 Population Health Survey (ISQ), 40% of people who most often use English at home score at the high end of the psychological distress scale, compared to 37% of those who primarily use French. They are also more likely to exhibit symptoms of generalized anxiety disorder (15% vs. 10%) or post-traumatic stress disorder (6% vs. 3.4%). Nearly one in twenty people (4.8%) also reported having had serious suicidal thoughts in the 12 months preceding the survey.

Taken together, these results point to significant mental health needs within the English-speaking population. They underscore the importance of paying special attention to this population as part of the future PAISM and of strengthening efforts in prevention, early detection, and early intervention before crisis situations arise.

### **Socioeconomic factors that exacerbate risks**

Mental health is influenced by a range of social determinants, including income, employment, housing conditions, social support, and access to resources. However, several data points indicate that certain segments of the English-speaking population face significant socioeconomic vulnerabilities. For example, according to data from the *Enquête québécoise sur le développement des enfants à la maternelle EQDEM 2022* (ISQ), 9.1% of English-speaking children aged 0 to 5 live below the low-income threshold, compared to 4.7% of French-speaking children. This gap is even more pronounced among single-parent families, where 18.5% of English-speaking parents with young children live below this threshold, compared to 9.5% of their French-speaking counterparts.

These realities can have direct repercussions on mental health and access to necessary support. In particular, they limit the ability to access private services when

public resources are difficult to access or insufficient, while increasing the risks of marginalization and social exclusion. When combined with language barriers in accessing services, these vulnerabilities can contribute to more complex care pathways and exacerbate existing inequalities in mental health.

### **Increased vulnerabilities for certain groups**

Within the English-speaking population, certain groups may face additional vulnerability factors that influence their mental health and their access to services. This is particularly the case for people from racialized or immigrant communities, 2SLGBTQI+ individuals, Indigenous communities, youth who have been in the youth protection system, and people living with a disability. The 2021 census shows that three times as many English-speaking Québécois are part of a visible minority compared to French-speaking Québécois (36% vs. 12%).

For these populations, language-related issues can compound other factors of marginalization or discrimination. The intersection of these different realities can increase mental health needs while complicating access to appropriate services, particularly among English-speaking Québec youth from ethnoculturally diverse backgrounds.

### **Youth as a pivotal period in mental health trajectories**

The available data is particularly concerning among English-speaking youth in Québec. According to the 2021 Youth Pulse Check survey of English-speaking youth in Québec, more than half of respondents (54%) report high levels of psychological distress. The survey also reveals that 20% of young people exhibit symptoms consistent with generalized anxiety disorder, while 30% report having seriously considered suicide at some point in their lives and 16% have had suicidal thoughts in the past 12 months.

This situation is also reflected in service utilization. According to a 2023 CROP survey on access to English-language health and social services in Québec, nearly half of English-speaking individuals aged 18 to 24 (48%) have consulted a health or social services professional for a mental health issue in the past 12 months, highlighting the significant needs observed in this age group.

These findings are all the more concerning given that many young people surveyed in the 2021 Youth Pulse Check report difficulties in accessing the services they need or navigating available resources. Although young people are not the only English-speaking Québécois affected by the issues addressed in this brief, they constitute a particularly vulnerable group.

This reality is particularly significant given that many mental health issues emerge as early as childhood, adolescence, or early adulthood. Interventions carried out at these stages of life can have a decisive influence on future trajectories, whereas unaddressed difficulties risk worsening or persisting over time.

### **PART 3**

## **Language Barriers That Limit Actual Access to Mental Health Services**

Although mental health needs are significant among the English-speaking population, several factors limit actual access to resources that could address them.

### **Uneven and unpredictable availability of services in English**

Access to mental health services in English varies considerably from one region to another and from one facility to another. Although mechanisms exist to support the provision of services in English, their actual availability often remains difficult for users to predict. This reality is particularly pronounced in certain rural or remote communities, where the supply of mental health services is already limited and where the availability of services in English is even more restricted. Several stakeholders consulted by CHSSN thus highlight the existence of a significant gap between theoretical access to services and the experience on the ground.

This variability manifests itself in different ways. In some settings, access to English-language services relies largely on the ad hoc availability of bilingual professionals rather than on a clearly organized and predictable service offering. As a result, users may receive services in English at certain stages of their care journey, only to be redirected to services offered exclusively in French. This situation contributes to fragmented care pathways and complicates the continuity of interventions.

This reality is also evident in certain government programs and initiatives. For example, several mental health prevention and promotion tools remain difficult to access in English. The *Réseau d'Éclaireurs* training is not available in this language, while the rollout of *Hors-Piste* in English is significantly delayed and remains limited. Similar issues are observed in certain Aire ouvertes. Consultations conducted by CHSSN show that many English-speaking youth are reluctant to use these services when it is not clearly established that they will be served in their language. In some cases, they prefer to turn to community organizations whose English-language services are better known, even when these resources are farther away or less well-equipped to meet their needs.



These situations illustrate the gap that can exist between the theoretical availability of a service and its actual accessibility from the users' perspective.

### **Significant difficulties navigating the system**

Access to mental health services also depends on users' ability to understand how the system is organized, identify appropriate resources, and take the necessary steps to obtain help. For many English-speaking Québécois, this process is complicated by the fact that information on programs, resources, and service pathways is often available only in French.

Furthermore, consultations conducted by CHSSN also show that there are few clearly identified entry points for people seeking services in English, making the system particularly difficult to navigate. For example, the 2021 Youth Pulse Check report shows that 31% of English-speaking Québec youth who sought professional help for a mental health issue consulted a family doctor or general practitioner, while 35% of Francophones consulted a psychologist, indicating that access points to services may differ between language groups.

This situation can lead to delay seeking help or to forgoing certain services. It also contributes to shifting a significant portion of the burden of navigating the system onto family members and friends. According to the CROP survey on access to English-language health and social services in Québec (2023), nearly 30% of English-speaking Québécois sought help from another person to communicate with health or social service providers, and in more than half of these cases, that person was a family member. This reality places significant pressure on family caregivers, including some young people who find themselves supporting their parents or other loved ones in their efforts.

This reliance on informal support presents particular challenges in mental health. For example, several young respondents to the 2021 Youth Pulse Check specifically noted that they are not comfortable expressing themselves in French when it comes to their mental health. However, unlike in other contexts, having a family member present to facilitate communication is not always appropriate due to the confidentiality requirements inherent in psychosocial interventions. This situation can exacerbate feelings of isolation and create an additional barrier to accessing care.

### **Relational and organizational barriers to requesting services in English**

Beyond their availability, access to services in English depends on users' willingness to express their needs and request services in their language. However, consultations conducted by CHSSN show that many English-speaking Québécois hesitate to make



such a request, even when they believe it would facilitate their understanding, their participation in care, or their ability to address sensitive issues related to their mental health.

This hesitation stems from various factors. Some people fear that requesting a service in English will delay their access to care or worry they will be perceived as overly demanding. Others resign themselves to proceeding in French—despite the risk of misunderstandings—to avoid complicating interactions with providers or disrupting service operations. In reality, the burden of identifying a specific language need falls on the users themselves.

This reality raises the issue of linguistic safety in mental health care. When people do not feel fully comfortable expressing their language needs or fear that such a request may have negative consequences on their access to services, they may be less inclined to discuss certain sensitive topics, actively participate in interventions, or maintain their commitment to follow-up care. In this regard, the CROP survey on access to health and social services in English in Québec (2023) indicates that the main reason cited by users who felt uncomfortable asking to be served in English—56% of them—was related to staff attitudes. In the context of mental health, where the therapeutic relationship is a central element of the care process, this situation can have significant repercussions on users' experiences and their service trajectories.

### **Limitations of interpretation services in mental health**

Interpretation services can help improve access to care when no other options are available. However, their availability varies depending on the facility and the context of the intervention. In crisis situations, on the front lines, or during interventions requiring a rapid response, access to an interpreter is not always possible or readily available. Furthermore, access to these services is not systematic: their existence, as well as the practical steps to access them, are not always well known or fully understood by healthcare professionals, who may not be able to anticipate users' language needs prior to the appointment.

Even when available, interpretation services have significant limitations in mental health settings. Assessment and intervention rely heavily on users' ability to accurately express their emotions, perceptions, and experiences. They also require a nuanced understanding of language, cultural references, and the context in which the expressed distress occurs. The presence of an intermediary can complicate this communication and affect the quality of the therapeutic relationship.

For many clients, trust, a sense of safety, and the ability to express themselves spontaneously are essential conditions for the success of the intervention. From this perspective, interpretation services represent an important support mechanism but cannot be equivalent to services received directly in the person's own language.

### **Insufficient mechanisms to identify, measure, and document actual needs**

Improving access to mental health services also depends on the ability to accurately identify individuals who may require services in that language. From a clinical perspective, this identification must be based on users' actual needs rather than on administrative or historical considerations. However, the mechanisms currently in use do not always allow for these needs to be adequately documented, which limits the system's ability to plan services and assess their actual accessibility.

In this regard, the First Official Language Spoken (FOLS) is a particularly relevant indicator. Unlike the mother tongue, which primarily refers to individuals' linguistic history, the FOLS better reflects their actual language practices and the likelihood that they will need services in English. It thus makes it possible to better identify individuals for whom language is likely to influence access to care, the quality of interventions, and service pathways.

The use of an indicator based on actual needs is important beyond mere service planning. It also helps better document actual access to care, identify disparities in pathways and outcomes, assess the quality of services provided, and support monitoring and accountability mechanisms. In the absence of such data, it remains difficult to measure the extent of unmet needs, delays in access, forgoing of services, or disparities experienced by English-speaking Québécois.

## **PART 4**

# **The Impact of Language Barriers on Mental Health Trajectories**

The language barriers described above are not merely obstacles to accessing services. They can also influence how individuals enter the system, navigate care pathways, and benefit from the interventions offered to them. The following sections examine the main impacts of these barriers on mental health pathways.

### **Delayed and Discontinuous Use of Care**

The impacts of language barriers often manifest even before entering the health and social services system. Uncertainty about the availability of services in English, difficulties in identifying appropriate resources, or discomfort associated with requesting services in that language can contribute to delays in seeking help. In mental health, where prevention and early intervention play a critical role, these delays can have significant consequences for the progression of conditions.

Consultations conducted by CHSSN indicate, in particular, that many young aEnglish-speaking Québécois tend to wait until their situation becomes more critical before seeking help, which more often leads them to come into contact with the system through emergency services rather than through prevention or early intervention mechanisms. Barriers related to language, interactions with staff, and uncertainty about the availability of services in English can contribute to this dynamic and influence when individuals take steps to seek support.

These delays risk increasing the complexity of the interventions required when individuals finally access services. They can also undermine the establishment of a trusting relationship, reduce active participation in care, and lead to trajectories marked by sporadic or crisis-driven episodes rather than continuous support.

### **Increased pressure on emergency and crisis services**

When language barriers delay the search for help or complicate access to appropriate services in a timely manner, those affected are more likely to come into contact with the system at a time when their situation has already deteriorated. In these circumstances, crisis services risk becoming the primary gateway to the care system rather than an exceptional resource reserved for the most serious situations.

This circumstance places increased pressure on specialized and emergency services while limiting opportunities for early intervention. It highlights the importance of strengthening prevention mechanisms, access to primary care, and continuity of care,



so that people can receive support before their difficulties reach a level of severity that requires crisis intervention.

### **Fragmented care pathways and a shift in the burden to families**

Language barriers can also contribute to fragmented care pathways. When access to English-language services varies by facility, program, or stage of the care pathway, users may face gaps in follow-ups or more difficult transitions between services. This situation complicates the continuity of care and can lead to the repetition of steps already taken, the need to repeat certain assessments, or the loss of information between different service points.

In this context, family members are often called upon to support the efforts of those affected. This reliance on informal support places increased pressure on caregivers, including some young people who sometimes take on a support role for a parent or another family member. Although this support is a valuable resource, it should not be necessary to ensure that people can access mental health services in a safe, continuous, and needs-based manner.

### **Cumulative effects that exacerbate inequalities in life trajectories**

The impacts described in the previous sections should not be viewed in isolation. In reality, multiple barriers can combine and reinforce one another throughout the care journey. Difficulties in identifying available resources, hesitation to request services in English, limitations in interpretation services, gaps in follow-up care, and socioeconomic vulnerabilities all contribute to complicating the care pathways of some English-speaking individuals.

This accumulation of factors can compound existing inequalities in mental health. A person who delays seeking help, struggles to navigate the system, and does not always receive services in their language is at greater risk of experiencing a mental health journey marked by episodes of crisis, interruptions in care, or increased reliance on informal support. These consequences can be particularly significant for individuals who already face other vulnerability factors related to their economic situation, age, background, or social status.

Taken in isolation, certain barriers may seem minor. However, their cumulative effect can have a significant impact on users' experiences, continuity of care, and outcomes.

## PART 5

# Our Recommendations to Improve Equity of Access and Support Care Pathways

### 1. Adopt indicators and accountability mechanisms tailored to the needs of the English-speaking population

The future Interministerial Action Plan on Mental Health should adopt a population-based approach grounded in the actual needs of individuals likely to require services in English. In mental health, language is not merely a service modality. It is a clinical factor that can influence communication, the therapeutic relationship, engagement in care, and service pathways.

Taking mother tongue as the primary indicator of language needs can lead to an underestimation of those needs. Mother tongue reflects a dynamic rooted in historical membership in English-speaking communities. However, in the Québec context, other factors determine language needs, particularly among people of immigrant origin.

A more accurate identification of needs is an essential prerequisite for improving service planning, documenting actual access to care more precisely, identifying disparities among population groups, and evaluating the effectiveness of implemented measures. It would also help strengthen the monitoring, evaluation, and accountability mechanisms associated with the PAISM's objectives.

#### **RECOMMENDATION #1**

CHSSN recommends using the First Official Language Spoken (FOLS) as the primary indicator for identifying individuals likely to require services in English. This indicator, based on actual language practices rather than individuals' linguistic history, would help better document needs, support service planning, and more accurately assess the actual accessibility of care for English-speaking Québécois.

### 2. Strengthening prevention and early intervention



The findings presented in this brief highlight the importance of acting before crisis situations arise to facilitate early identification of difficulties and faster access to appropriate support. This need is particularly important for English-speaking Québécois, who may face additional barriers when accessing services and who, in some cases, tend to seek help only when their situation has already become more critical. Strengthening prevention involves not only improving access to services but also supporting community-based actors, intervening earlier in people’s trajectories, and developing approaches tailored to the realities of the communities involved.

Supporting community-based approaches

Because of their proximity to the populations they serve and their ability to build lasting relationships of trust with English-speaking communities, community organizations play a vital role in the early identification of difficulties, supporting individuals through service pathways, and referring them to specialized resources. Strengthening this capacity is a key lever for providing interventions tailored to local realities and reaching people who might not otherwise seek out public services on their own.

**RECOMMENDATION #2**

CHSSN recommends supporting community-based outreach approaches, particularly awareness-raising, support, and early intervention activities carried out by English-speaking community organizations. These initiatives help create culturally and linguistically safe environments and promote faster access to appropriate resources.

Strengthen early intervention and continuity of care pathways

The findings presented above highlight the importance of intervening before difficulties reach a level of severity that requires emergency or crisis intervention. In mental health, interventions carried out early in the care pathway can help reduce distress, limit the escalation of difficulties, ease the pressure on specialized and emergency services, and improve the continuity of care.

**RECOMMENDATION #3**

CHSSN recommends strengthening initiatives that promote mental health literacy, early identification of difficulties, and support for youth and families, while fostering better continuity of care and service pathways.

*Ensuring linguistic accessibility of mental health prevention and promotion initiatives*

Mental health prevention and promotion efforts are a key lever for acting before crises arise. However, many initiatives funded or supported by public authorities are not always available in English at the same time or under the same conditions as they are for the French-speaking population. This situation limits their reach among English-speaking communities and reduces the ability to reach certain populations before difficulties escalate.

**RECOMMENDATION #4**

CHSSN recommends that prevention, mental health promotion, awareness-raising initiatives, and guided self-care tools supported under the PAISM be made accessible to English-speaking communities as soon as they are rolled out, notably through the translation of tools, the adaptation of content, and the implementation of the necessary mechanisms for their dissemination.

*Providing culturally and linguistically appropriate services*

Accessibility to services depends on people's ability to feel understood, respected, and safe when they take steps to seek help. This is particularly important in mental health, where the quality of the therapeutic relationship is a central element of the intervention.

**RECOMMENDATION #5**

CHSSN recommends strengthening the cultural and linguistic adaptation of mental health services, promoting the principles of linguistic safety, and ensuring the active participation of English-speaking communities in the design, evaluation, and improvement of services. This approach would better reflect the diversity of regional and population realities as well as the expertise developed by community organizations.

### 3. Review service pathways from the perspective of linguistic accessibility

The barriers faced by English-speaking Québécois are not limited to initial access to services. They also affect people's ability to navigate the system, obtain ongoing services, and receive appropriate support throughout their care pathway. Improving care pathways therefore requires strengthening collaboration among relevant stakeholders, making pathways more predictable, and integrating language accessibility as an integral component of service quality.

#### *Better integrating services and community partners*

Community organizations already play an important role in supporting people through their service pathways. Their knowledge of communities, their proximity to the populations they serve, and the bonds of trust they maintain with service users make them essential partners in promoting continuity of care.

#### **RECOMMENDATION #6**

CHSSN recommends strengthening collaboration between health and social services institutions and English-speaking community organizations to promote supported navigation and better continuity of care pathways. This collaboration should be based on structured partnerships that support transitions between different levels of services and facilitate access to appropriate resources.

#### *Recognizing linguistic accessibility as a quality standard*

Linguistic accessibility is not merely a matter of service organization. It directly influences the user experience, clinical communication, the therapeutic relationship, and care pathways. From this perspective, it should be recognized as a standard component of quality in mental health services.

#### **RECOMMENDATION #7**

CHSSN recommends integrating linguistic accessibility into mental health quality monitoring indicators. This approach should notably result in staff training and awareness-raising activities, the development of bilingual tools and mechanisms, and the explicit recognition of service delivery in English as a standard component of the quality and safety of care.



### Clarify and Streamline Access Pathways

Individuals seeking mental health services should be able to easily identify available resources, understand the different stages of their care journey, and know what to expect when they seek help. However, the findings presented above show that many English-speaking Québécois face complex, fragmented, and sometimes unpredictable care pathways.

#### **RECOMMENDATION #8**

CHSSN recommends implementing mechanisms that promote better-defined entry points, smoother referrals between services, and greater continuity in care pathways, particularly during transitions between services for youth and those for adults. These mechanisms should make it possible to document the experiences of English-speaking service users, quickly identify disparities in access compared to French-speaking individuals, and support the continuous improvement of services. The goal should be to make access to English-language services more predictable and to reduce disruptions that could compromise continuity of care. It is important to support continuous evaluation approaches that allow for real-time analysis of care pathways and the implementation of appropriate adjustments, particularly taking into account the effects of language barriers. These approaches benefit from collaboration among clinical, community, and research settings, as well as with the users themselves.

## Conclusion

The findings presented in this brief show that English-speaking Québécois face specific challenges regarding mental health. These challenges are not limited to the availability of services in a given language. They also concern people's ability to recognize their needs, seek help, navigate the system, establish a trusting therapeutic relationship, and receive ongoing support throughout their care journey.

The analysis highlights the importance of viewing language as a key determinant of mental health and access to care. In this context, language needs cannot be addressed solely from the perspective of service organizations or access rights. They must also be recognized as a clinical reality that can have concrete repercussions on users' experiences, the quality of interventions, and the outcomes achieved.

The recommendations set forth in this brief are grounded in the principles of equity, inclusion, and adaptation to the needs of populations—principles inherent in the current values of the PAISM, particularly under the guiding principle of the primacy of the person, but which deserve to be further emphasized in the next iteration of the PAISM. To complement the principles of the *Mécanisme d'accès en santé mentale* (MASM), special attention must be given to services for vulnerable, marginalized, or minority population groups, including the English-speaking community in Québec.

These aim to strengthen the system's capacity to better identify the real needs of the English-speaking population, to intervene earlier in the course of care, and to offer services that are more accessible, more continuous, more reassuring, and better adapted to the realities of the individuals concerned. They are also based on the recognition of the essential role played by community organizations, as well as on the importance of close collaboration among the various stakeholders involved in promoting mental health.

The upcoming Interministerial Action Plan on Mental Health represents a significant opportunity to enhance the equity of care pathways for English-speaking Québécois. By adopting an approach grounded in people's actual needs and by fully integrating language accessibility into strategies for prevention, intervention, and continuous service improvement, Québec can build a system that is more inclusive, more equitable, and better suited to the diverse realities experienced across its territory.