

# POURQUOI PAS? STRENGTHENING FRENCH LANGUAGE SERVICE DELIVERY IN ONTARIO'S CHILD AND YOUTH MENTAL HEALTH SECTOR

Policy-ready paper developed by the Ontario Centre  
of Excellence for Child and Youth Mental Health

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# Executive summary

## French language child and youth mental health services

With the Ministry of Children and Youth Services' *Moving on Mental Health initiative*, the goal is for all children, youth and families, as well as the service providers supporting them, to know what mental health services are available in their communities, and how to access these supports when and where they need them (Gitterman, 2012). To make this the reality for all Ontarians, is important that the experiences of Francophones<sup>1</sup> are also addressed. **The goals of this policy-ready paper are therefore to understand the unique needs and strengths of Ontario's Francophone population within the transforming child and youth mental health system; and to provide evidence-informed recommendations to guide French language service delivery for the province's Francophone children, youth and families.**

## Consultations with youth, families, service providers and other stakeholders

An inclusive engagement approach was adopted to ensure that the policy recommendations provided in this paper are grounded in the literature, but more importantly, are relevant and meaningful for Ontario's Francophone children, youth, families and service providers. A policy-ready paper advisory committee (PRPAC) comprised of staff from the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre), and a young person and caregiver with personal experiences accessing and using French language services was formed to help define the scope of the paper, support stakeholder engagement and consultation, generate key discussion themes, identify policy priorities, and review the paper before dissemination.

Youth, family members and service providers were consulted through surveys, focus groups and interviews to understand their experiences of French language service delivery in Ontario's child and youth mental health system. Surveys were customized for each stakeholder group and widely disseminated in both French and English, and in paper and online formats. In total, survey responses were collected from 14 youth, 81 family members, and 161 service

providers. To further explore themes discovered through the surveys, youth and family respondents were invited to take part in phone interviews. In the end, interviews with two youth participants were held. Survey and interview data provided great insight into a number of issues, however, findings from these consultations cannot be generalized, and do not represent the full spectrum of experiences with French language child and youth mental health services.

In the early stages of the paper's development, the lead writer met with the Ontario French Language Services Commissioner, Mr. François Boileau, and some of his staff to discuss the purpose and goals of this project. Both formal and informal discussions with provincial government representatives and policymakers also took place. In June 2016, a meeting with nine ministry stakeholders was held, where participants responded to semi-structured questions about the challenges regarding French language service access and delivery, capacity building and infrastructure, as well as potential solutions to these challenges. Other professionals and representatives from community organizations with relevant experience were also consulted through teleconference meetings. Surveys and consultations with stakeholders yielded useful information about current strengths, challenges and opportunities for French language services in Ontario. These findings, along with the academic and grey literature, provide a rich backdrop for the policy directions recommended in this paper.

## Key themes from the literature and consultations

Our review of the literature and consultations explored the following topics:

- Demographic profile of Ontario's Francophone communities
- The relationship between language, health and quality of care
- The history of French language rights
- Active offer: The backbone of French language services
- The state of French language services across sectors
  - French language health services in Ontario
  - French language services for persons with developmental disabilities in Ontario

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<sup>1</sup> In this paper, "Francophone" encompasses all children, youth and families who would prefer to be served in French (i.e., those whose mother tongue is French, those who converse at home or at school in French, or allophones who do not speak English but for whom French is their second language).

- French language child welfare services in Ontario
- French language services in the province of Manitoba
- French language child and youth mental health services in Eastern Ontario
- French language child and youth mental health services in Ontario
- Organizational capacity to support bilingual or French-speaking service providers
- Lack of French research, evidence-informed practices and trainings

## Recommendations

Based on the literature and consultations with youth, families, service providers and other stakeholders, six recommendations have been put forth. In moving forward with these recommendations, the diversity of Ontario's Francophone communities and local contexts and considerations must be taken into account and a *pour et par* approach is needed with Francophones leading the implementation process.

### 1. DEVELOP AN OPERATIONAL DEFINITION OF ACTIVE OFFER TO BE CONSISTENTLY APPLIED WITHIN CHILD AND YOUTH MENTAL HEALTH AGENCIES ACROSS ONTARIO

Ontario's Francophones must have access to French language child and youth mental health services that are based on the concept of active offer. The goal should be equity with English language services, and the provision of French language services should be articulated as a right.

Active offer must occur at each stage of service delivery: information seeking, first contact with agency, receiving service, and documentation. A coherent strategy to plan for and support the implementation of active offer is necessary to enhance the provision of French language services in Ontario.

### 2. STANDARDIZE THE MEASUREMENT AND REPORTING OF FRENCH LANGUAGE SERVICES AND ACTIVE OFFER ACROSS CHILD AND YOUTH MENTAL HEALTH AGENCIES

A standardized process for outcome measurement and data reporting is needed to provide a complete picture of French language services within the child and youth mental health system and to guide ongoing service planning and delivery. To move forward, we need:

- a broad picture of the state of French child and youth mental health services in Ontario, including an assessment of need, wait times, satisfaction with services, and outcomes

- guidelines to organize the collection of these data
- mechanisms to build capacity to collect and report of these data

### 3. OPTIMIZE FRENCH CAPACITY IN THE SYSTEM THROUGH A UNILINGUAL STRATEGY

To ensure we have the French capacity needed to support Francophone children, youth and families (i.e. staff, resources, infrastructure), a unilingual French language services strategy should be adopted to embed competent French-speaking employees in work places and entities where the language of day-to-day interaction and service provision is French. Discussions about the potential to leverage existing structures to support a unilingual child and youth mental health strategy for French language services should take place between relevant ministries and sectors, with special attention to program issues and mechanisms for evaluating success.

### 4. CENTRALIZE INSTITUTIONAL SUPPORT AND LEADERSHIP FOR FRENCH LANGUAGE CHILD AND YOUTH MENTAL HEALTH SERVICES

To ensure that Francophones have access to high quality services in their mother tongue, critical infrastructural supports should be centralized, or at the very least, regionalized. This central entity could be made responsible for establishing various human resource functions and processes such as:

- recruiting and hiring French-speaking professionals
- supporting networking across French language service providers
- creating and maintaining a roster of French-speaking specialists and experts
- developing service-related documentation
- providing training and continuing education in French
- developing and supporting a central French language child and youth mental health website and 1-800 information phone line to simplify access for Francophone families
- conducting French research and program evaluation, and leading quality improvement processes across agencies delivering French language services
- linking with French language university programs and researchers (within and external to Ontario) to support the ongoing growth and development of the field

### 5. LEVERAGE RELATIONSHIPS TO STRATEGICALLY AND COLLABORATIVELY SUPPORT CAPACITY BUILDING AND PROFESSIONAL DEVELOPMENT

Mechanisms should be put in place to enable an Ontario-based entity (such as the one recommended above) to pursue partnerships across other sectors within Ontario (e.g., French Language school boards, Francophone universities)

and across jurisdictions (such as Quebec, New-Brunswick, Manitoba and across the Federal government) to support an infrastructure for a French language services research and development strategy (Lemay, 2011; Barwick, 2007). This strategy would endorse and financially support collaborative partnerships to share knowledge; and translate, adapt and create evidence-informed practices and related materials that can help meet the needs of Francophone children, youth and families. Such collaborations can provide Ontario-based services with French language resources that might otherwise be too expensive for the province's child and youth mental health sector to produce on its own.

## 6. ENSURE BOTH NEW AND SUSTAINED FUNDING, AND A SOLID PLAN FOR IMPLEMENTING RECOMMENDATIONS

To proceed with the recommendations above and ensure the consistent active offer of French language services that are of the same quality of those available in English, a significant and targeted investment of new funding is needed, and must be sustained over time. A comprehensive implementation plan should be developed and adequately resourced to ensure successful change in this area. Without a significant investment, and a plan to coordinate change efforts, the mental health needs of Ontario's Francophone children, youth and families will continue to be unmet.

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# Conclusion

This paper aims to bring to the forefront the unique needs and strengths of Ontario's Francophone populations and to provide evidence-informed recommendations to guide the French language service delivery within the transforming child and youth mental health system. As Ontario's child and youth mental health sector is in the midst of significant renewal, the time is right to address the challenges that

continue to hinder French language mental health service delivery. The goal of achieving accessible, effective and high quality services is within our grasp, and we can make equity a reality—un fait accompli. Pourquoi pas?

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# Acronyms and abbreviations

FLSA	French Language Services Act
MCYS	Ministry of Children and Youth Services
MCSS	Ministry of Community and Social Services
MoMH	Moving on Mental Health
OLA	Official Languages Act
PRPAC	Policy-ready paper advisory committee
the Centre	the Ontario Centre of Excellence for Child and Youth Mental Health

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# The transforming child and youth mental health system

Change is afoot in Ontario's child and youth mental health sector. In this province, mental health services for those under the age of 18 operate under the authority of the Child and Family Services Act (CFSA), and are funded by the Ministry of Children and Youth Services (MCYS). In 2012, MCYS introduced the [Moving on Mental Health \(MoMH\) initiative](#), as a critical part of its [10-Year Mental Health and Addictions Strategy](#). With MoMH, the goal is for all children and youth with mental health problems, their families and professionals (e.g., primary care providers and teachers) to know what mental health services are available in their communities, and how to access these supports when and where they need them (MCYS, 2012; Gitterman, 2012).

It will take time for MoMH's vision to come into effect, as system-level transformations are complex. In the interim, however, the service system continues to be stretched thin. Many children and youth are experiencing issues of access and significant wait times for community-based mental health services, and turning instead to hospitals and other health care supports for help, which often lack the proper resources to meet their needs (Auditor General of Ontario, 2016; Davidson, Kutcher, Manion, McGrath, & Reynolds, 2010; Children's Mental Health Ontario, 2016). At the provincial level, there is a lack of robust data available on the number of young people served within the child and youth mental health sector and the nature of services provided. However, a system mapping exercise carried out in 2008 reports 255,000 "episodes" of child and youth service (from assessment to intervention) over a one-year period (Gitterman, 2012), and in the most recent report by the Auditor General of Ontario (2016), it was estimated that 50,000 children, youth and families are service recipients (MCYS, 2016b).

Funding for child and youth mental health service delivery in Ontario totals 418 million dollars (2014-2015), with approximately 260 organizations receiving monies to deliver programs and supports (MCYS, 2016a). Under the MoMH initiative, the province has been divided into 33 geographic regions (based on census tracts) with one *lead agency* per region responsible for ensuring that a continuum of *core services* is available to families. These services include (MCYS, 2015, p. 10):

- targeted prevention
- brief services
- counseling and therapy services
- family capacity building and support
- specialized consultations and assessments
- crisis support services
- intensive treatment services

MoMH has also identified key processes that should underlie the delivery of core mental health services, such as: "coordinated access; intake, eligibility and consent; identifying strengths, needs and risks; child, youth and family engagement; service planning and review; case management and service coordination; monitoring and evaluating client response to service; and transition planning and preparation" (MCYS, 2015, p. 24).

MoMH, and the broader system transformation taking place, not only reflect a new model of service but also involve new ways of doing business. To operationalize the core service of *targeted prevention*, for example, collaborative discussions must take place between schools, health care settings and other sectors where a large proportion of potential child and youth service users can be found. At the core of MoMH is the goal of service equity and ensuring all children and youth have access to the services they need, when they need them, wherever they live (rural vs. urban), whatever their ethno-cultural background, and regardless of their spoken language. To make this a reality, specific linguistic and ethno-cultural groups must be engaged to help plan and shape these supports.

To ensure equitable, accessible and responsive services for Francophone children and youth, the Government of Ontario has designated 26 of the 33 service areas under the [French Language Services Act \(FLSA\)](#). These designated areas are where Francophones make up at least 10 percent of the population, or cities with at least 5,000 Francophones (Ontario, 2016a). In addition to the designated areas, nine core mental health providers have been designated under the French Language Services Act. As per their designation, these agencies must (<https://www.ontario.ca/page/government-services-french>):

- offer French language services on a permanent basis by employing people with requisite level of French language skills
- guarantee that French language services can be provided for all or some services and during regular business hours
- ensure that Francophones sit on boards of directors and committees in proportion to the Francophone population in the community
- have Francophones in senior management in proportion to the local population

- make directors and senior managers accountable for the quality of French language services

Designated agencies are required, every three years, to show how they have satisfied the requirements outlined above, and must submit a report to the funding ministry describing their processes for sustaining these services. Additionally, within MCYS, in context of MoMH, a group of lead agencies has come together to form the French Language Services Consortium to develop and guide the implementation of a French language service strategy to help ensure equitable mental health services for Francophone children, youth and families across the province.

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# Policy-ready paper purpose and methods

**The goals of this policy-ready paper are to understand the unique needs and strengths of Ontario’s Francophone population within the transforming child and youth mental health system; and to provide evidence-informed recommendations to guide French language service delivery for the province’s Francophone children, youth and families.**

This policy-ready paper was first informed by a scoping review of relevant French and English literature (i.e. academic research, grey literature and policy documents) on French language service delivery and related topics (e.g. cultural adaptations, active offer, linguistic minority contexts). Particular attention was paid to documents presenting solutions to bilingual<sup>2</sup> service delivery challenges within various public sectors in Canada, and evidence-informed models aimed at resolving these challenges.

This policy-ready paper was also shaped by diverse groups and individuals who lent both personal and professional perspectives to the overall work and to crafting policy recommendations. An inclusive engagement approach was adopted to ensure that the policy recommendations are grounded in the literature, but more importantly, are relevant and meaningful for Ontario’s Francophone children, youth, families and service providers. For real change to occur, a *pour et par* (for and by) approach is needed with Francophones leading the efforts.

## Policy-ready paper advisory committee (PRPAC)

A policy-ready paper advisory committee (PRPAC) was convened during the initial stages of the work to offer guidance on the paper’s development. This group was made up of one young person and one caregiver with personal experiences accessing and using French language services in Ontario, as well as staff from the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) with relevant subject matter knowledge. The PRPAC met regularly with the lead author to provide guidance on key activities, including stakeholder engagement and consultation. The group was also instrumental in helping define the scope and focus of the paper, generate key discussion themes, and identify policy priorities. Lastly, group members advised extensively on policy recommendations and reviewed drafts of the paper before dissemination.

## Consultations with youth, family members and service providers

Youth, family members and service providers were consulted through surveys, focus groups and interviews to gain insight into their experiences of French language service delivery in Ontario’s child and youth mental health system.

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<sup>2</sup> In this paper, we refer to bilingualism as the ability to communicate in French and English. For agencies, it is the ability to communicate and serve the public in both languages. This typically translates into policies and procedures around services as well as staffing and the number of bilingual employees within an agency (Treasury Board Canada Secretariat, 2004).

Surveys were customized for each stakeholder group (see Appendices A, B, and C for the general questions). They were then distributed to child and youth mental health agencies, across Ontario's 33 service areas, through lead agencies, Francophone community health centres, Francophone community health networks, a bilingual health promotion organization, and other advocacy and community groups. Surveys were offered in both French and English, in paper and online formats, and promoted through various vehicles and social media outlets, such as the Centre's blog, partner agencies' blogs and Twitter. The widespread dissemination of surveys was carried out to capture diverse experiences within the system (e.g. those who had accessed French language services, as well as those who faced barriers in accessing these services) across all MCYS regions (Western, Eastern, Northern, Central and Toronto). In total, survey responses were collected from 14 youth, 81 family members, and 161 service providers. It is important to note that while the survey data offers valuable insight for the purposes of this report, responses do not provide an exhaustive picture of French language child and youth mental health services in Ontario.

Youth and family survey respondents were from across Ontario. Of the youth respondents (n=14), five were from the Northern region, five from the Eastern region and three were from Central Ontario. One youth participant did not indicate their location. Family members who completed the survey (n=81) were primarily from Eastern Ontario (74 percent), and a little over half of this group (55 percent) lived in the Ottawa service area. Other family survey respondents came from the Western (12 percent), Central (eight percent) and Northern (six percent) regions, and three respondents did not indicate their location. In considering the survey findings, it should be noted that some regions are underrepresented (Toronto for youth and families, Western Ontario for youth), while some are overrepresented (Eastern Ontario for families), thus limiting their generalizability. Also, due to the nature of these consultations, findings may reflect more negative experiences with services and the system overall.

To further explore themes discovered through the surveys, youth and family respondents were invited to take part in phone interviews and share their experiences with accessing French language services. Challenges in reaching volunteer participants were encountered, and in the end interviews with only two youth participants were held. These participants spoke to their experiences with French language services in the Central and Northern regions of Ontario. Again, due to the small number of participants, findings from these interviews cannot be generalized to the broader Francophone youth population; however, their insights provide a meaningful complement to the survey data collected.

Service provider survey respondents identified as holding diverse roles within their respective organizations, including managerial, non-managerial, and direct service provider positions. Respondents also came from diverse child and youth serving sectors, including mental health, health, education, and child welfare. For the purposes of this paper, the responses of two participants who did not hold positions in child and youth serving sectors (i.e. "gambling counsellor" and "father") were excluded. On a post-hoc basis, the responses of Francophone and Anglophone respondents were reported separately when their responses clearly captured different experiences or points of view. The language of respondents, however, does not necessarily indicate their membership in a designated or non-designated bilingual agency, as this information was not collected.

## Consultations with policymakers and other stakeholders

Both formal and informal discussions with provincial government representatives and policymakers took place in person and over the phone. Early in the paper's development process, the lead author of this report met with the Ontario French Language Services Commissioner, Mr. François Boileau, and some of his staff to discuss the goals and means of this project. A consultation meeting with MCYS stakeholders (e.g. policy analysts and directors) from the child and youth mental health sector and other related sectors (e.g. child welfare) was then held in June of 2016. Personal meeting invitations were sent to a list of relevant MCYS professionals, and nine individuals attended. Meeting attendees responded to semi-structured questions about challenges regarding French language service access and delivery, capacity building and infrastructure, as well as potential solutions to these challenges. Other professionals and representatives from community organizations with relevant experience were also consulted through teleconference meetings. Many of these stakeholders were also invited to provide feedback on this paper before the final draft, resulting in a more comprehensive product.

Surveys and consultations with stakeholders yielded useful information about current strengths, challenges and opportunities for French language services in Ontario. These findings, along with the academic and grey literature, provide a rich backdrop for the policy directions recommended in this paper.

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# Background and context

The following section provides an overview of key issues that influence the delivery of French language services in Ontario. The information provided is gleaned from the literature and supported through our consultations. To understand the importance of French language services, the demographic profiles of Francophone communities in Ontario are described and the relationship between language and health is discussed. A brief history of French language rights and services is then provided with a focus on the concept of

active offer. The current state of French language services across sectors is then presented along with discussions of organizational capacity and the lack of French research, evidence-informed practices and trainings. This then leads to recommendations on how to improve services for Francophone children, youth, families and service providers within the child and youth mental health system.

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## Demographic profile of Ontario's Francophone communities

In Canada, Francophones represent 21 percent of the overall population (Mougeon et al., 2015). Based on the most recent census data available, there are 561,155 persons in Ontario who report French, French and English, and/or other non-official languages as their mother tongue (Statistics Canada, 2013). The census has adopted an inclusive definition of Francophone to include those who have a particular knowledge of French as an official language, and those who use French at home. This is the case for many newcomers to Ontario whose mother tongue is neither English or French, but who choose to use French as their primary language of communication on a daily basis.<sup>3</sup>

Several large-scale surveys offer demographic descriptions of the Francophone population in Ontario, providing regional profiles of these communities (e.g. The Ontario Trillium Foundation's Profiles of Francophone Communities, Corbeil & Lafrenière, 2010). These reports, however, are based on data from the 2006 census and a large-scale study titled Survey on the Vitality of Official-Language Minorities (SVOLM) (Statistics Canada, 2006). While there is little reason to believe that major demographic changes have occurred in the past 10 years, current demographic data on Ontario's Francophone populations is essential for planning and providing tailored and timely service delivery.

Apart from within Northern Ontario, the Francophone population is increasing across the province. Approximately 40 percent of Francophones live in the Eastern part of Ontario, 20 percent in the North-East and about nine percent in Toronto (Ontario 400, 2016). Francophones are not evenly distributed across the province, but rather are clustered in certain regions; in particular, they are more likely to settle in rural areas (29.53 percent) compared to Anglophones (17.75 percent) (Bouchard & Desmeules, 2013). New Francophones in Ontario, however, tend to immigrate to large urban centres. Approximately 80 percent of Francophones live in the 26 areas designated under the French Language Services Act, while only 52 percent of Ontario's total population lives in these areas. Approximately 100,000 Francophones, or one out of five, however, live outside these areas (Office of the French Language Services Commissioner of Ontario, n.d.). These statistics suggest that most Francophones reside in the least populous parts of the province, which are served by organizations responsible for covering large and more sparsely populated areas. The resulting challenge, then, is that language barriers are often intertwined with issues related to critical mass, distance and access for Francophone families.

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<sup>3</sup> See (<https://news.ontario.ca/ofa/en/2009/06/Francophone-population-re-defined.html>)

An increasing proportion of Francophones seem to be assimilating with regards to language, with 42.3 percent reporting that they also use English at home, up from 29.5 percent in 1981 (Corbeil & Lafrenière, 2010, p. 29). Another sign of assimilation is minority youth voicing a preference for being served in the majority language (Drolet et. al. 2014). The implication for service delivery is that since French-speaking youth will default more quickly to speaking English, the true need for French services is not always evident. Additionally, through our consultations, intergenerational

differences were noted in cases where the youth are asking for services in English, and the parents for services in French. Agencies are therefore having to provide bilingual services to meet different service users' needs. In the same study above, however, 87 percent of Francophones believed that it is important or very important that services be offered in French and 92 percent that linguistic rights be respected (Corbeil & Lafrenière, 2010).

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# The relationship between language, health and quality of care

Based on Statistics Canada surveys conducted in 2001 and 2003, Bouchard, Gaboury, Chomiene, Gilbert and Dubois (2009) found that in Ontario, Francophones tend to view themselves in poor health at a higher rate than other Ontarians, and report poorer access to health services. In a more recent article, 17 percent of French Canadians reported poor health compared to 13 percent of the Anglophone majority in Canada (Bouchard & Desmeules, 2013). In Quebec, where Francophones are the majority population, however, this disparity is not seen as their ratings of poor health are similar to those of Anglophones in Ontario. While there likely are many contributing factors to these statistics (i.e. the social determinants of health), they do suggest a link between minority linguistic status, access to health services, health care, and perceptions of health among Francophones in Ontario.

Language barriers have been shown to impact access to health services, the effectiveness of communication between providers and clients, client rights, and quality of care; all of which can negatively affect a client's health. Language barriers have also been shown to reduce a person's investment in their own health, impede access to preventive services, lead to diagnostic and treatment errors, increase the number of diagnostic tests, lead to critical incidents, reduce patient satisfaction, and increase costs (Bowen, 2001; Flores, 2005; Karliner, Jacobs, Chen, & Mutha, 2007).

Language and communication are at the heart of health and mental health interventions. Mental health issues/challenges are discerned through verbal exchanges, with accurate evaluation and diagnosis relying on the clarity of verbal interactions. Furthermore, talk therapy (e.g. counseling)

## INTERPRETATION/TRANSLATION

Within health and mental health services, translation and interpretation are often presented as options to increase capacity to serve non-English-speaking groups. Professional translation, however, still adds considerable time and cost to the intervention, and requires advanced planning. Several studies (e.g., Karliner et al., 2007; Hsieh, Ju, & Kong, 2010) caution against "ad hoc interpretation", including translation/interpretation conducted by family members. These studies report that non-professional translation is not much better than having no interpreter at all, and can lead to many misunderstandings. Bilingual health professionals, however, are found to be as effective as professional interpreters.

Hsieh and colleagues (2010) also argue that interpreters are not simply neutral translation machines, that convey information from one party to the next. Instead, they are active participants in service-related interactions, and as such, a high level of confidence in the interpreter's competence is critical to the success of the intervention. The interpreter must understand the goals of the service provider, while respecting professional boundaries and allowing the service provider do their job. Trust, however, is built up over time and with experience and requires an infrastructure that allows for the same interpreter/provider dyad to work together as a team.

prevails as the dominant mental health intervention, and language expression and comprehension are central to its effectiveness. The potential for misunderstanding is great when communicating in a language other than one's mother tongue, and this is often magnified when one is in crisis, or disturbed and seeking help (Irvine et al., 2006). Other studies also highlight the importance of language in establishing an effective therapeutic alliance and understanding instructions throughout mental health treatment (Drolet et al., 2014).

Samson and Spector (2012) conducted five focus groups in Ontario with 17 Francophone AIDS-related service users and 12 French-speaking AIDS service organization professionals that shed light on the unique needs of members of minority groups. Service users viewed language as a critical factor of their service experience and voiced a high level of dissatisfaction with the lack of available French-speaking AIDS service organizations. Access to French language services was considered problematic, and service users felt a sense of alienation when required to mute their French identity in order to access essential services in English, thereby compounding issues of social stigma already associated with diseases such as HIV and AIDS.

Through our surveys, youth and family members with positive experiences accessing and receiving French language services commented on the importance of language and the appreciation for being able to express themselves in their language of choice:

*It's easier to explain all the nuances of our problems.*

*The fluidity of the conversation was a relief.*

*My child's condition was improved much faster because the personnel understood us.*

*I didn't have to ask, it was obvious I wanted French language services because I spoke French at the reception.*

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## The history of French language rights

The French are one of Canada's (and Ontario's), founding populations and French language rights are enshrined in constitutional arrangements to support French-English cooperation and coexistence. In 1534, the French navigator Jacques Cartier first explored Canada and claimed it for France (Ontario, 2016b). The founding of New France dates back to the creation of Quebec in 1608. Samuel de Champlain, its first governor, then explored and mapped large areas of Ontario in 1613 and again in 1615. The first French settlement in Ontario was established in 1639 near Midland (in Simcoe County) nearly 400 years ago. French settlers were most likely the first non-Indigenous people to populate Ontario in the early 17th century. Since then, the Franco-Ontarians minority has resisted assimilation into the Anglophone majority, despite several repressive efforts by various governments (Fischer, 2008).

Schools were the original mechanism used to safeguard education in French for the French-speaking minority of

Ontario, and education in English to the English minority in Quebec (Donlevy, n.d.). English and French residents of Upper and Lower Canada worked together to establish the Dominion of Canada in 1867, and through the Separate School Provisions of the British North America Act, the French language was provided with institutional (if not legal) protection within the school system (Donlevy, n.d.). This constitutional arrangement, however, proved to be less than adequate to protect the French language more broadly in Ontario. For example, the proclamation of Regulation 17 in 1912 banned the teaching of French in Ontario schools, for which Premier Kathleen Wynne recently made a formal apology in the Ontario Legislature on February 22, 2016 (Ontario, 2016c). The regulation was repealed in 1927, but it was only in 1968 that the teaching of French was recognized in Ontario legislation, and only with the introduction of Bill 104 in 1997 that Francophones were finally able to achieve a measure of equity in the governance and funding of French

language school boards in Ontario (Barber & Sylvestre, 2016). For more information on the current French language school system, see Appendix D.

The federal Official Languages Act (OLA), which dates back to 1969, recognizes French and English as the two official languages of the country (Parliament of Canada, 2015). The Canada Act, with its Canadian Charter of Rights and Freedoms in 1982 makes French language services a right, at least in the context of Parliament and the Government of Canada. Similarly, in Ontario, the French Language Services Act (FLSA) of 1986 states:

*Whereas the French language is an historic and honoured language in Ontario and recognized by the Constitution as an official language in Canada; and whereas in Ontario the French language is recognized as an official language in the courts and in education; and whereas the Legislative Assembly recognizes the contribution of the cultural heritage of the French speaking population and wishes to preserve it for future generations; and whereas it is desirable to guarantee the use of the French language in institutions of the Legislature and the Government of Ontario, as provided in this Act (Ontario, 2017a).*

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## Active offer: The backbone of French language services

A major development of French language rights was the inclusion of active offer in the 1998 revision of the OLA, to ensure that federal institutions take adequate steps to ensure that the public knows of its right to access services in either official language (Parliament of Canada, 2015). This is the same for services provided by the Government of Ontario, where active offer is defined as:

*...the set of measures taken by government agencies to ensure that French-language services are clearly visible, readily available, easily accessible and publicized, and that the quality of these services is equivalent to that of services offered in English. This includes such measures as all communications, (i.e. signs, notices, social media and other information on services), as well as the initiation of communication with French-speaking clients (Ontario, 2012, p. 5).*

Despite the FLSA being in existence for over three decades, the Act and regulations have not been sufficient in ensuring the full implementation of active offer of French language services in many settings (Boileau, 2016a). In Premier Wynne's 2016 Mandate letter to the Minister of Francophone Affairs, she emphasized the need to improve

French language services by “[working] with key ministry partners to further enhance access to services in French, particularly in the health, children and youth services, justice, education and social services sectors” (Ontario, 2016d). The French Language Services Commissioner of Ontario further notes that the government’s latest efforts to operationalize and implement active offer have been “important but insufficient” and that public services are falling short of their requirements (Boileau, 2016b, p. 22) (see Appendix E for more details). To address this, the Commissioner recommends that any general definition of active offer should include the following elements:

- “Ensure that the necessary measures are taken to inform the public of the availability of the services.
- Make the offer of service in both languages, starting with the first contact.
- Assure the person that they have the choice of using either language of service.
- Ensure that the service provided is provided in a culturally appropriate way.
- Ensure that the person feels comfortable with how the services are provided.
- Ensure the service offered is of equal or equivalent quality then the one offered in English” (Boileau, 2016b, p. 14).

To support the implementation of active offer within Ontario's health sector, the *Regroupement des entités de planification des services de santé en français de l'Ontario* and the *Alliance des réseaux Ontariens de santé en français (2015)*, two entities, funded in part by the government of Ontario, state that active offer:

- “ respects the principle of equity
- aims for service quality comparable to the one provided in English
- is linguistically and culturally appropriate to the needs and priorities of Francophones
- is inherent in the quality of the services provided to people (patients, residents, clients) and an important contributing factor to their safety
- is the result of a rigorous and innovative process for planning and delivering services in French across the entire health care continuum
- depends on accountability at several levels and requires partners to exercise appropriate leadership with respect to health services in French
- takes the form of a range of health services available in French and offered proactively, that is, services are clearly announced, visible and easily accessible at all times” (p. 2-3)

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## The state of French language services across sectors

Despite recognition of the importance and legal underpinnings of active offer of French language services, their delivery across sectors is far from consistent and equivalent to services available in English across the province.

### French language health services in Ontario

In a 2010 study, Corbeil and Lafrenière reported that in Ontario, 23 percent of doctors and 12 percent of nurses reported being able to conduct a conversation in French, but only seven percent of each group used French regularly in their work. From the patient/client perspective, only 35 percent of Francophones reported being served by the health system in French, with the highest levels of French language services found in southeastern Ontario (73 percent) and Ottawa (48 percent).

The Healthy Communities Consortium (2011), funded in part by the Ministry of Health and Long Term Care (MoHLTC), operates out of Sudbury to serve northeastern communities and assist groups, organizations and community partners create healthy communities throughout Ontario. This group has produced a guide to help establish French language services through the development of a “bilingual organizational culture.” The guide contains several tools

and strategies for building and sustaining a culture of bilingualism in service agencies. Some of the critical building blocks to creating/enhancing a bilingual culture include ensuring Francophone representation at all levels of the organization, including on boards of directors. While some agencies and areas may have experienced success through these projects and initiatives, there is a lack of evidence supporting bilingualism as a widespread, efficient and effective strategy.

### French language services for persons with developmental disabilities in Ontario

In 2006 the Ministry of Community and Social Services (MCSS) established four Community Networks for Specialized Care (CNSCs), one for each of the Ministry's four Ontario regions (North, South, East and Central). These networks were created to ensure better access to specialized services for adults with developmental disabilities, with serious behaviour problems and a comorbid mental illness. In 2009, the lead agencies of the CNSCs commissioned a review to determine the extent and quality of French language services in the sector (Anderson & Richard, 2009). At the time, none of the four CNSCs systematically collected data on French language services; however, the report found some evidence suggesting that:

- it is more challenging to access services in French than in English, and the capacity to meet Francophone service needs seems to be based on the extent to which there is:
  - an understanding of the French Language Services Act and its requirements
  - an appreciation for the importance of having culturally appropriate Francophone service options
  - perceived need
  - knowledge of existing services available to the Francophone population
  - capacity to recruit and retain Francophone staff
  - access to tools and resources in French (p. 13)
- there is still a considerable difference in opinion within the sector on the level of importance that French language services should hold for agencies (p. 14)

## French language child welfare services in Ontario

Over the years, the French Language Services Commissioner of Ontario has reported several language-related complaints concerning the provision of French language services by Children's Aid Societies (CAS) across the province. In his 2012 report for the Ontario Association of Children's Aid Societies, the Commissioner notes that only a small percentage of CASs have achieved designation under the FLSA. The report also highlights the inaccessibility of day-to-day child welfare services in French, including investigation and emergency 24/7 services (Lemay, 2012). The unrecognized "opportunity costs" associated with delivering services in two languages was noted as a barrier in at least three separate evaluations (Commission to Promote a Sustainable Child Welfare, 2011; Deloitte & Touche, 2006; Roch, 2003).

## French language services in the province of Manitoba

The state of French language services in Manitoba is similar to Francophone minority jurisdictions here in Ontario. Writing for l'Université de Saint-Boniface in Manitoba, De Moissac, de Rocquigny, Roch-Gagné and Giasson (2011) describe how there are many systemic barriers and not enough Francophone professionals (particularly specialists) to ensure equitable access to health and social services for Francophone families. The authors report that six out of seven professional groups/associations studied listed the proportion of practitioners able to work in French to exceed that of the proportion of Francophones in the province

(4.4 percent). This finding, however, conflicts with other data suggesting that only 14 percent of Francophones in Manitoba report having a French-speaking doctor. The study found the greatest barriers to providing an active offer of service, and receiving French language services, were:

- difficulties in identifying clients and colleagues/professionals who speak French
- the lack of human resources expertise available in French
- the shortage of professionals who can offer services in French
- the decentralization of health services and other invisible barriers
- the need for Francophones to claim their language rights
- the language of work being predominately English
- lack of job training in French and little continuing education provided in French in Manitoba (p. 36)

In their conclusion, the authors emphasize the need to support the networking of French-speaking professionals along with an investment in continuing education and training in French (De Moissac et al., 2011). We echo and further explore these points in this paper's final policy recommendations.

## French language child and youth mental health services in Eastern Ontario

Over 40 percent of Franco-Ontarians live in southeastern Ontario, where they represent 15 percent of the local population, and the largest concentration of Francophones in the province (Corbeil & Lafrenière, 2010). In Ottawa specifically, there are several unilingual French agencies that deliver child and youth mental health services.<sup>4</sup> Given these numbers, one might assume that French language services are more easily accessible in this region; however, this does not always appear to be the case for service users.

In a study focused on the impact of working in bilingual mental health contexts, Drolet et al. (2014) found that while southeastern Ontario arguably has the best Francophone social and health service situation in the province, service users still experience challenges with accessing French language services. Participants highlighted that when in desperate need of help, Francophones will often choose to be served in English either because French language services are unavailable, or the wait times for these services is considerably longer.

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<sup>4</sup> This includes non-MCYS funded agencies

- Many youth and family survey respondents indicated that they had at one point or another, received services in English despite expressing their preferences for French language services because English services were more readily accessible and/or were the only option offered to them
- A few youth respondents also said they accepted English services because they felt comfortable enough expressing themselves in that language
- Of the family and youth respondents that accepted services in English, almost half said it brought about some difficulties communicating effectively with service providers, with self-expression, and with understanding certain aspects of treatment/ services

An agency in Eastern Ontario conducted several consultation exercises aimed at understanding how to best meet the needs of Francophone families (Alexanian, 2015). During one such consultation, 48 Francophone parents, including 22 who identified as being from diverse ethno-cultural communities, voiced concerns about French language

services, reporting that few services were available outside of French language schools, with specialized services being particularly difficult to find. They noted that when French language services are available, there are typically longer wait times for service, and in many cases, much of the interactions with the bilingual organization ended up taking place in English. Participants pointed out that sometimes the French spoken by some bilingual staff is so laborious that service users choose to speak in English to make things easier for the professional. Consultations with youth groups also revealed that stigma remains a critical issue, as 100 Francophone students (including 68 from a range of ethno-cultural communities) reacted negatively to the term “santé mentale” (mental health) (Alexanian, 2015).

Health Nexus Santé (2016) conducted a series (n=9) of key informant interviews concerning French language child and youth mental health services. Interviews with Francophone leaders confirmed that many Francophone children and youth do not have access to mental health services in French. The participants worry that the current approaches to addressing French language service issues are fragmented and disorganized, with varying strategies being implemented across the 33 child and youth mental health service areas. They stressed that more centralized and coordinated efforts would likely be more effective.

# French language child and youth mental health services in Ontario

The survey responses collected for this paper from youth (n=14), families (n=81) and service providers (n=161) are consistent with the experiences and challenges faced in other sectors and provinces, and help to paint a picture of French language child and youth mental health services across Ontario.

## Youth and family respondents

Approximately one third of family survey respondents (34.6 percent) and eight youth respondents (61.5 percent) said that despite expressing a preference for French language services, they were unable to access these services in their mother tongue at one point or another in their mental health journey. Most respondents commented on agencies’ lack of Francophone staff, the lack of French language service options, and the lack of information on French language services that were available in the community.

*The services I wanted were not offered in French.*

*[Services were] not available in my region or not announced.*



The two most common challenges identified by family members when seeking French language child and youth mental health supports was the lack of access to specialized services (54.2 percent of respondents), followed by having to travel long distances to access supports (41.7 percent of respondents). Other challenges noted by both families and youth included difficulty changing service providers when necessary, and the lack of documentation/files in French.

With regards to active offer, thirty-eight family members (71.7 percent) and five youth (41.7 percent) said they were offered French language services upon their first interaction; 12 family members (22.6 percent) and four youth (33.3 percent) reported having to make a request for French services, and; three family members (5.7 percent) and three youth (25.0 percent) had to insist on receiving services in French. The experiences of these family members and youth suggest that the practice of active offer is inconsistent across child and youth mental health agencies, underscoring the need for a more standardized approach.

On a positive note, youth and family respondents who did access and receive French language services highlighted the role key individuals played in their mental health journey. French language school personnel, family physicians and French language service navigators were identified as being extremely helpful in connecting youth and families to mental health services. Survey respondents who were offered French language services at the beginning of their experience in seeking supports, expressed gratitude for this opportunity. Unfortunately, several respondents did not identify any facilitators to access, and shared that their search for French language services was either self-directed or required much perseverance, patience and the need to activate the right connections.

## Service provider respondents

Through the surveys, service providers were asked to share their thoughts and experiences on how families can access French language services at first contact with their respective agencies. As with youth and families, service providers' responses highlighted the inconsistency and variability across the province with which active offer is provided. For example, while 84.6 percent of Francophone service provider respondents reported engaging in the active offer of French language services, only 54.2 percent of Anglophone service provider respondents described this to be the case, thereby leaving it to the family to insist on French language services.

Child and youth mental health service providers also confirmed that there is a notable lack of bilingual professionals to provide specialized services (i.e., intensive treatment, specialized consultation and assessments) and as a result, these services were the least likely to be offered in French in their respective agencies. Just over half of the respondents (52.3 percent) also reported difficulties in offering or making referrals to specialized services outside of their agency. Service providers suggested that establishing linkages between agencies (i.e. designated and non-designated agencies); increasing the visibility and knowledge of French language services in the community; and applying the principle of active offer may be promising strategies to address these challenges.



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# Organizational capacity to support bilingual and French-speaking service providers

Active offer is not only a matter of having the right French-speaking employees on staff, but ensuring that the whole organization is aware of minority issues, and is linguistically/culturally sensitive and competent (Jackson, 2015). However, where Anglophones are the overwhelming majority (i.e. throughout most of Ontario), bilingual organizations tend to operate in English, with little infrastructure actually devoted to supporting French language services and French-speaking or bilingual service providers.

Through our surveys, just under half of the child and youth mental health service providers shared that trainings were always or almost always offered in English (48.2 percent of respondents). Some respondents indicated that training was offered almost always (28.6 percent), or sometimes (17.9 percent) in French.

Findings from several studies (e.g. Corbeil, & Lafrenière, 2010) suggest that a lot of French language capacity is currently wasted in the system, with bilingual doctors, nurses, police and lawyers (and possibly social workers and psychologists) all reporting that they underuse their French language skills. This is likely due to the common practice of giving such professionals bilingual caseloads; which, given the higher demand for services in English, leaves them practicing primarily in English and making little to no use of their French. Additionally, employees designated as “bilingual” have varying levels of French language competency and their Anglophone supervisors or human resource departments are often ill-equipped to judge their French fluency. This poses problems for the continuing education, training and supervision of French-speaking service providers, as well as challenges for ongoing service quality assurance.

Regarding health services, Drolet and colleagues (2014) found that French-speaking staff are often tasked with additional responsibilities (e.g., planning for French language services, acting as on-site translators and developing French content for their agencies) that take away from direct service delivery in French. These tasks are not only time consuming, and a poor use of the professionals’ skills, but they also place additional pressures on employees. The result is that too few competent Francophone professionals are available to meet the need for services, and those who are present are often overworked; as is the case in many health-related sectors (Drolet et al., 2014).

Additionally, through our consultations, it was noted that few colleges and universities offer French courses and degrees in fields such as social work. Stakeholders also shared how recruitment and retention of qualified Francophone and bilingual staff is a challenge, despite good intentions from organizations to have competent French-speaking staff. Since most conversations, notetaking, reporting and trainings in predominantly English-speaking work environments take place in English; Francophone professionals often leave in search of less isolating work environments, or are scooped up by higher paying agencies and sectors.

The recruitment of bilingual/Francophone staff was identified by 64 percent of service provider respondents as the greatest barrier to ensuring timely access to French language services for Francophone youth and families.

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# Lack of French research, evidence-informed practices and trainings

Mental health service delivery should always be evidence-informed.<sup>5</sup> There is a growing body of literature that supports the use of evidence-informed strategies for Anglophone populations. These practices or interventions have been subjected to rigorous randomized controlled trials (RCTs) that have demonstrated positive effects for clients. French intervention strategies, however, often lack supporting evidence as they are less likely to have undergone the same rigorous processes and testing (Lemay, 2011). The Centre for Addiction and Mental Health (CAMH, 2006), for example, reports that it is challenging to say, with confidence, what the best treatment options are for Francophone youth with substance use problems, relative to their Anglophone counterparts. While research produced by and for Anglophones is rich and offers valuable insight into what works generally, CAMH found no research (with a few notable exceptions, i.e., some studies from Quebec) on the effectiveness of approaches specific to Francophone youth in Ontario. They do note, at least for residential treatment, that the “culturally and linguistically competent delivery of services” is related to enhanced treatment effectiveness (p. 3).

In France, the evidence-informed practice movement has been met with some controversy, and so far, there has not been consistent uptake of such approaches in mental health (Burkhart, 2013; Delawarde, Saïas, & Briffault, 2014). Currently, in Canada, the evidence-informed movement is primarily driven by English entities with little French activity (Forgeot D’Arc, Cortese, Pinabel, & Purper-Ouakil, 2013) or from other cultural/linguistic groups. For example, as part of research on the delivery of evidence-informed child and youth mental health services, Barwick (2006) surveyed Ontario practitioners working to support Francophones. Organizations serving Francophone families were found to vary greatly in size, in French capacity (number of full-time equivalent employees able to intervene in French) and in the size of their French-speaking client base. Most respondents, however, highlighted challenges in accessing French research and trainings to guide their practice. Since there are few readily available evidence-informed practices for Francophones, one third of respondents said they make do

with their own translations (in other words, materials that have not been validated with Francophone populations). Practitioners expressed concerns about their ability to evaluate and diagnose in French, and make informed decisions regarding treatment recommendations, due to the lack of time and French resources available to guide these decisions (Barwick, 2006).

Through our surveys, a significant number of Francophone service provider respondents (60 percent) indicated that their agency staff had translated intervention materials to better serve Francophones; 27.8 percent of Anglophone service providers indicated their respective agencies had done the same.

Less than half of the service providers (38.2 percent of Francophone respondents and 11.8 percent of Anglophone respondents) shared that their agencies had taken steps beyond translation to ensure interventions fit with the needs of Francophone clients. Respondents shared promising practices such as using “*impact indicators when possible*” and having “*staff discussions about the realities of Francophones*”.

Many service providers (64.9 percent of survey respondents) highlighted the lack of intervention materials available in French as the greatest barrier to offering effective French language services to Francophone children, youth and families. Translating materials or finding French versions, partnerships with Francophone agencies, and video-conferencing for trainings and consultations with specialists were proposed as potential solutions to address the challenges related to limited French materials.

Despite good intentions, evidence-informed practices should not simply be translated into French as adaptations to culture and circumstances are required to ensure effectiveness (Jackson, 2015) and randomized control trials, or some form of evaluation of adapted approaches should

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<sup>5</sup> The terms evidence-based practices and evidence-informed practices are often used interchangeably in the literature. For consistency, we use evidence-informed practices throughout this document.

be conducted (Burkhart, 2013). In their review of American research on this topic, Castro, Barrera Jr. and Steiker (2010) point out that few members of minority groups have participated in research on evidence-informed treatments and interventions, which means that outcomes of such programs for minority groups is largely undocumented. While there is a growing awareness that cultural adaptations (including the language in which services are delivered)

are important to meet the needs of individuals from diverse groups, and build on their strengths, few of these adaptations have been rigorously tested. Moving forward, to ensure Francophones have equal access to quality services French language, research, evaluation and implementation efforts of existing evidence-informed practices must include the perspectives of Francophone clients.

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## Limitations

Before moving to the recommendations, there are some limitations to the literature review and consultations that need to be highlighted. The first is related to the limited generalizability of our findings from our consultations with youth, families, and services providers. As mentioned above, while representation and diversity of participants and experiences were sought, our sample was relatively small (youth n=14, family members n=81, and service providers n=161). Further, some areas of the province were underrepresented while others were overrepresented. The findings therefore can not be generalized and do not represent the full spectrum of experiences with French child and youth mental health services in Ontario.

Second, the primary focus of the literature review was on child and youth mental health services. The interface between these services and the health and/or education sectors was not examined. This paper, then, does not capture all of the important work being done in these sectors, nor the work of specific agencies with regards to the promotion and delivery of French language services.

Despite these limitations, however, we are confident that our consultations and the literature review provide a strong picture of the current state of French language service delivery, and identify areas to strengthen these efforts in Ontario's child and youth mental health sector.



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# French language service delivery recommendations

With the child and youth mental health system in transition, there is an opportunity to re-examine French language services, and to provide recommendations to build and enhance supports for Francophones across the province. Below, we review some of these practices and innovations, and provide a starting point for this work. It is critical that Francophones spearhead this work, and that any change such as the operationalizing and implementation of these recommendations be “pour et par” (for and by) Francophone communities. This approach will help ensure that the unique needs and strengths of Ontario’s Francophone populations are at the forefront and that diversity and regional contexts are considered.

## 1 Develop an operational definition of active offer to be consistently applied within child and youth mental health agencies across Ontario

**Ontario’s Francophones must have access to French language child and youth mental health services that are based on the concept of active offer. The goal should be equity with English language services, and the provision of French language services should be articulated as a right.**

When parents or young persons seek the help of a child and youth mental health professional, they are often in crisis, or experiencing significant challenges. Pursuing and receiving help in one’s first language may be a critical factor in contributing to positive outcomes. To ensure Francophones are receiving quality French services that are comparable to those offered in English to English speakers, active offer must occur at each stage of service delivery:

### *Information seeking:*

At this stage of service delivery, active offer requires all information to be available and accessible in French to any member of the public seeking services.

### *First contact with agency:*

The first contact that a child, youth or family member has with an agency is likely through email, by phone or

in-person. For active offer to be operational at this point, the experience must be in French. The return email should be in French, the person answering the phone or receiving the drop-in visitor should offer a bilingual greeting, and then respond in the language that the client chooses to speak. The organization should expect to receive Francophone service users and be prepared to immediately respond in French.

### *Receiving service:*

A competent French-speaking professional should be available to provide service to the child, youth and family. Different operational strategies, including distance technologies, are needed to ensure that French language services are available across different core services and key processes. The availability of French language evidence-informed practices is an important aspect for ensuring active offer.

### *Documentation:*

Communication, documentation and reports must be readily available and accessible to clients in French.

Active offer is not an isolated incident, but rather a series of on-going events that contribute to a positive service experience for a young person and their family. This service experience includes the ability to seek and easily find a competent French-speaking professional within a linguistically competent organization designed to support the young person’s mental health needs. This professional is then able to provide effective services, with the goal of ensuring Francophone service users are satisfied by the professional’s response and the services offered.

Currently, active offer efforts are fragmented, isolated and disconnected across the province. As well, there continues to be confusion about what constitutes French language service delivery, the rationale for ensuring the availability of French language services, and mechanisms for their provision. Regrettably, the processes currently in place for designated and non-designated agencies have yet to translate into the true active offer of mental health services for many Francophone children, youth and families. A coherent strategy to support the uptake of active offer and a plan for its implementation is necessary to enhance the provision of French language services in the province.

## 2 Standardize the measurement and reporting of French language services and active offer across child and youth mental health agencies

**A standardized process for outcome measurement and data reporting is needed to provide a complete picture of French language services within the child and youth mental health system, and to guide ongoing service planning and delivery.**

Currently within the child and youth mental health sector, there are no robust measures of the number of French language service events nor the quality of French services provided. Data that is collected is inconsistent with English as the default. The Ontario child and youth mental health sector has various data-related challenges that go beyond the scope of this paper, but in terms of French language services specifically, the lack of relevant data impedes service planning and delivery. To move forward, we need to establish:

- a broad picture of the state of French child and youth mental health services in Ontario, including an assessment of need, wait times, satisfaction with services, and outcomes
- guidelines to organize the collection of these data
- mechanisms to build capacity to collect and report of these data

Other sectors (e.g. the Ministry of Health and Long Term Care) have grappled with similar issues and perhaps continue to do so; in moving forward with this recommendation there is an opportunity to learn from the experiences of others and collaborate to address shared challenges.

To address regional data collection challenges, the core agency French Planning Table in Ottawa has come together to develop standard definitions and measures to support greater consistency in the tracking and reporting of French language services. This will help ensure agencies are collecting the same data that can then be used to make meaningful comparisons and support decision-making and service planning.

## 3 Optimize French capacity in the system through a unilingual strategy

**To ensure French capacity to support Francophone children, youth and families (i.e. staff, resources, infrastructure), a unilingual French language services strategy should be adopted across the province.**

While tools and checklists are available to promote and guide the delivery of French language services across Ontario (Bodkin, 2013; Bodkin & Duchon, 2014; Bodkin & Délorne, 2015), our consultations highlight that implementation efforts are inconsistent, which can ultimately compromise mental health outcomes for Francophone children, youth and families. Bilingualism is currently the most common approach to linguistic accommodation by agencies, and while this strategy is well-intentioned, it has not been shown to be highly efficient nor effective. There is great diversity across Ontario and variability with regards to regional and agency capacity to deliver quality French language services, and the urgency for these services. It is not viable for all English language organizations to convert their current service activities into French and become bilingual. This path will not only continue to create inconsistencies in the active offer and quality of French services, but is also financially unfeasible.

In a study exploring people's experiences of bilingual versus unilingual French language services in Eastern Ontario, Audet and Drolet (2014) found that participants consistently reported problems with access, service navigation and long wait times when dealing with bilingual services. Creating a truly bilingual service infrastructure (i.e. human resource practices, training, supervision, documentation etc.) is expensive, duplicative and confusing for staff. When connected with unilingual French language agencies, however, the experience was one of flexibility, quick access, and general satisfaction.

The alternative to converting primarily English organizations into bilingual ones, then, may be to capitalize on some of French language infrastructure already in place. A unilingual French language service strategy can help to embed competent French-speaking employees in work places and entities where the language of day-to-day interaction and service provision is French. French schools, French language community health centres and other French language service organizations could act as transfer payment agencies to deliver child and youth mental health core services in each jurisdiction, with a network of French language child and youth mental health agencies providing overarching support and leadership. The French Language Services Consortium could perhaps play a role in supporting this work.

Discussions about the potential to leverage these existing structures to support a unilingual child and youth mental health strategy for French language services should take place between relevant ministries and sectors, with special attention to program issues and mechanisms for evaluating success.

## 4 Centralize institutional support and leadership for French language child and youth mental health services

An organizational infrastructure encompasses all the activities and functions that support and sustain the provision of direct services to children, youth and families. Currently, only a very modest French language child and youth mental health service infrastructure exists. Francophone families are scattered across the province, and given their numbers, it would not be an efficient use of resources to develop such an infrastructure in every child and youth mental health agency. A potential solution, then, is to **ensure that Francophones have access to high quality services in their mother tongue by centralizing, or at the very least, regionalizing several critical infrastructural supports**. This central entity could be made responsible for establishing various human resource functions and processes such as:

- recruiting and hiring French-speaking professionals
- supporting networking across French language service providers
- creating and maintaining a roster of French speaking specialists and experts
- developing service-related documentation
- providing training and continuing education in French
- developing and supporting a central French language child and youth mental health website and 1-800 information phone line to simplify access for Francophone families
- conducting French research and program evaluation, and leading quality improvement processes across agencies delivering French language services
- linking with French language university programs and researchers (within and outside of Ontario) to support the ongoing growth and development of the field

In addition to addressing issues of capacity, access and availability, this centralized infrastructure also has the potential to better leverage communications and technology to support French language service delivery. E-mental health is a broad category of applications that includes many forms of information technology to support service delivery for children, youth and families. Lal and Adair (2014) reviewed 115 studies (108 peer-reviewed) and found that

e-mental health approaches are proliferating as a promising way of dealing with capacity problems and high demand for services, given benefits such as improved accessibility, reduced costs, flexibility in terms of standardization, personalization, and interactivity and consumer engagement. Studies have shown, for example, that internet-based Cognitive Behavioral Therapy (CBT) can be as effective as, and in some cases more effective, than usual methods of service delivery (Lal & Adair, 2014). In a recent policy-ready paper, Boydell et al. (2013) caution, however, that innovation and practice are outpacing evidence and we are still in early days in using these technology supports. Current levels of research are promising yet, insufficient, particularly for some of the newer e-mental health applications, and issues of privacy and confidentiality remain a concern. In any event, Ontario seems ready for an e-mental health strategy that has the potential to be particularly beneficial for rural areas (Boydell et al., 2013) and Francophone populations, but it will likely be more efficient and effective if organized and managed centrally.

Our findings suggest the current use of technology to deliver core services in French is limited. Only small fractions of service providers (6.7 to 14.6 percent of respondents) indicated core services were available in French via Tele-Mental health in their agency, even in instances where access to French language services was lacking. Overall, the use of Tele-Mental health was endorsed by more Francophone respondents (24.3 percent) than Anglophones respondents (8.7 percent) as a strategy to increase service access when in-person French language services were not available.

To improve the experiences and outcomes of children, youth and families requiring mental health support, innovative ways of working are required. A central entity such as the one proposed here could help ensure that Francophones across the province can access the information, services and expertise they need, in a culturally appropriate and timely way. A central entity responsible for the management of French language resources and services, that uses proxy French language providers (such as local agencies that have French language service capacity, French language school boards, French language community health centres, etc.) enhances the possibility of meeting the needs of Francophone children, youth and families. An alternative (and perhaps more ambitious approach) would be to pool the separate child and youth service responsibilities (mental health, justice, child welfare, and special needs) into one provincial entity that provides back office supports all the way to comprehensive French language services. This hub approach, which brings together various complementary functions, is already in effect in many fields, with Service

Ontario and Service Canada as recent examples of this innovative structure. Our recommendation, then, is to explore the potential of establishing a central entity for French language children's services as a solution to the fragmented, inconsistent set of mental health supports that currently exist for Francophones in Ontario.

## 5 Leverage relationships to strategically and collaboratively support capacity building and professional development

There is a shortage of opportunities to build the capacity of the French language service delivery workforce, specifically in relation to French training and professional development offerings, and processes to mobilize evidence-informed practices with Francophone children, youth and families. **To fill this gap, mechanisms should be put in place to enable an Ontario-based entity (such as the one recommended above) to pursue partnerships across other sectors within Ontario (e.g., French Language school boards, Francophone universities) and across jurisdictions (such as Quebec, New-Brunswick, Manitoba and across the Federal government) to support an infrastructure for a French language services research and development strategy (Lemay, 2011; Barwick, 2007).** This strategy would endorse and financially support collaborative relationships with French language institutions to share knowledge; and translate, adapt and create evidence-informed practices and related materials that can help meet the needs of Francophone children, youth and families.

There are several models of collaborative partnerships of this nature that can guide efforts in this area. For example, the Consortium national de formation en santé (CNFS)<sup>6</sup>, is a national organization that brings together 11 Francophone post-secondary institutions involved in the training of health professionals (Lortie, Lalonde, & Bouchard, 2012). For CNFS, the active offer of health services is an ethical imperative and a matter of quality, security, legitimacy (Lortie, et al., 2012), and pooling resources is a cost-effective and efficient way of ensuring ongoing education and training activities for service providers working with Francophone families. Closer to home, the Balla report (Anderson & Richard, 2009) recommended the creation of a provincial French language service resource centre to ensure evidence-informed service delivery in the developmental disability sector. In response, the Ministry of Community and Social Services provided a modest annual budget for the creation and support of La Ressource, a website which promotes relevant French

language services documentation and organizes/coordinates training, mostly in the form of webinars (<http://www.laressource.ca/fr/>).

With regards to trainings, French opportunities need to exist at a number of levels. First, as noted in our consultations few French professional programs (e.g. social work) are available through Ontario colleges and universities. There is also a lack of French continuing education and training opportunities for service providers working in the field. Lastly, training is needed at the agency/organization level to support knowledge translation and mobilization of the French Language Services Act and its requirements, on the concept of active offer and its practical implications, and how to better deliver French language services in minority French settings. Such trainings will promote greater buy-in and commitment to this work.

By leveraging resources that already exist in other sectors and/or other parts of Canada, and avoiding the need to “recreate the wheel”, Ontario's child and youth mental health sector can meet the ongoing capacity building and professional development needs of Francophone service providers. Such collaborations can be an efficient and effective way to provide Ontario-based services with French language resources that otherwise might be too expensive for the province's child and youth mental health sector to produce on its own.

## 6 Establish effective billing and reimbursement practices that will sustain mental health services

**To proceed with the recommendations above and ensure the consistent active offer of French language services that are of the same quality of those available in English, a significant and targeted investment of new funding is needed, and must be sustained over time. A comprehensive implementation plan should be developed and adequately resourced to ensure successful change in this area.**

While it is difficult to know exactly how much funding currently supports French language child and youth mental health services, it is clear that new investments are required to support different ways of doing business. The development of an infrastructure to ensure high-quality French language supports may be costly in the short-term, but will result in cost-savings over time as service delivery becomes more effective and efficient. As well, dedicated

<sup>6</sup> The CNFS is part of the larger Association des collèges et universités de la francophonie canadienne (ACUFC) which in 2015-2016 received about 20 million dollars in funding, mostly from the Federal Government, with approximately 17 million dedicated to the continuing education and training activities of the CNFS.

funding must be directed towards research, professional development and ongoing capacity building of service providers to support French evidence-informed service delivery for Francophone children and youth. Without a significant investment, along with a comprehensive plan for implementing coordinated change efforts to strengthen French language services, the mental health needs of Ontario’s Francophone children, youth and families will continue to be unmet.

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## Conclusion

Throughout the process of developing this paper, it became clear that while most individuals and organizations support the notion of French language services, and are well-intentioned in their efforts to provide them, little improvement has been experienced by Francophone children, youth and families. Continuing with the current French language services strategy is unlikely to yield different results in the future; a bold change in direction is required.

This paper aimed to bring to the forefront the unique needs and strengths of Ontario’s Francophone populations and to provide evidence-informed recommendations to guide French language service delivery within the transforming child and youth mental health system. To enhance service delivery and ensure Francophone children, youth and families have access to high-quality mental health services in French, we must:

1. Develop an operational definition of active offer to be consistently applied within child and youth mental health agencies across Ontario;
2. Standardize the measurement and reporting of French language services and active offer across child and youth mental health agencies;
3. Optimize French capacity in the system through a unilingual strategy;
4. Centralize institutional support and leadership for French language child and youth mental health services;
5. Leverage relationships to strategically and collaboratively support capacity building and professional development; and
6. Ensure both new and sustained funding, and a solid plan for implementing recommendations.

As Ontario’s child and youth mental health sector is in the midst of significant renewal, the time is right to address the challenges that continue to affect French language mental health service delivery for Francophone children, youth and families. The goal of achieving accessible, effective and high quality services is within our grasp, and we can make equity a reality—un fait accompli. Pourquoi pas?



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# Appendix A: Youth and family survey and focus group questions

## DEMOGRAPHIC INFORMATION

1. How long have you lived in Ontario?
2. In which city/community do you currently live?
3. Which of the following groups do you identify with most? Please check more than one if necessary.
  - a. Franco-Ontarian
  - b. Québécois(e)
  - c. First Nations, Inuit or Métis
  - d. Europe-born Francophone (please specify your country of origin)
  - e. Africa-born Francophone (please specify your country of origin)
  - f. Other (please specify)

## ACCESS TO SERVICES

4. We'd like to know which mental health services you have and have not been able to access in French. Please indicate whether or not you were able to receive the following services in French:

	I did not require this service	<b>Yes, I was able</b> to receive this service in French	Yes, but through the use of a translator or interpreter	<b>No, I was unable</b> to receive this service in French
Walk-in services				
Consultation/assessment				
Brief services (1-4 sessions)				
Counseling/therapy				
Parent support				
Day treatment				
Residential treatment				
Crisis support				
Other (please specify)				

5. How important is it to you to receive mental health services in French? Why or why not?
6. In the past, have you been able to access mental health services in French?
  - a. If yes, which services?
  - b. Did you have to travel outside of your community to access these services?

7. How long did you have to wait to receive a response from the agency regarding your request or referral for French language services? If the speed of response varied based on service, please indicate so.
8. How long did you have to wait to receive services in French (from your first contact with the agency [e.g. with the intake worker] to your first session)? Did this vary based on service?
9. What would you say made it most difficult for you to access services in French?
10. Was there anything (person, procedure, resource, policy, other factors) that made it easier for you to access French language services?

## SERVICE DELIVERY

11. When you first contacted (or were referred to) the agency, were you able to speak with someone from the agency (e.g. secretary, intake worker) in French?
12. Have you ever accepted services in English instead of French, despite the fact that you would have preferred French services? If yes, what led you to make that decision?
  - a. How did this affect your experience?
13. Have you ever received French language mental health services via tele-mental health (or similar technology)?
  - a. If yes, at first, how did you feel about using tele-mental health services?
  - b. How was this experience for you? Would you recommend tele-mental health to others?
14. When you received services in French, how proficient (in French) was the service provider?
  - a. For those who noted a lack of proficiency, in what ways did communication challenges affect your experience?
  - b. For those who did not experience communication challenges, in what ways did successful communication with your service provider affect your experience?
15. For those who accessed services in French but required a translator or interpreter, how did translation services affect your experience?
16. Aside from communication challenges with service providers, did you experience other gaps or difficulties when receiving services in French? Did particular barriers make treatment difficult for you, or make you less satisfied?

## SERVICE EVALUATION

17. Were you ever asked to provide feedback on the French language services you accessed?
  - a. If yes, how did you provide this feedback? (e.g., by completing a survey, having an exit interview, other?)

## CLOSING QUESTIONS

18. What do you feel is **working well** with French language mental health services in Ontario? Did anything make a positive difference for you?
19. Based on your experience, what do you think are the **biggest problems** with French language mental health services in Ontario?
20. Can you think of **ways to improve** French language mental health services in Ontario?
21. How would you rate your **overall experience** with French language mental health services?

# Appendix B: Service provider survey questions

## ACCESS TO SERVICES

1. We'd like to know the availability of French language services in your agency. From the following list, please indicate :

- whether the service is available in French in your agency [please answer by yes/no]
- whether the service is available in French via tele-mental health [please answer by yes/no]

	Available in French?	Available in French via tele-mental health?	Other comments
Targeted prevention			
Brief services			
Counseling and therapy			
Family capacity building and support			
Specialized consultation and assessments			
Crisis support			
Intensive treatment services			
Other (please specify): _____			

2. To your knowledge, what is the typical wait time for French language services, from intake to the first session? [please check all that apply; if the wait time varies based on the service, please indicate so].

- 1 week or less..... For which service(s)?
- 1 week to 1 month..... For which service (s)?
- 1 month to 6 months..... For which service (s)?
- 6 months to a year..... For which service (s)?
- Over 1 year..... For which service (s)?

3. How does this compare with wait times for English-language services?

- a. Wait time is generally longer for French services compared to English services
- b. Wait time is generally similar for French and English services
- c. Wait time is generally shorter for French services compared to English services
- d. It greatly varies depending on the service
- e. I don't know

4. When Francophone families contact your agency for services, how do they get access to French language services?
  - a. We offer them services in French at the outset
  - b. Families have to ask/make a request to obtain services in French
  - c. Families usually have to insist to obtain services in French
  - d. This largely varies based on the volume of requests and our capacity at that time (e.g. we may offer services in French at the outset if our resources allow it)
  - e. This largely varies based on personnel, the case, etc.
  - f. I don't know
5. When services in French are difficult to access or not at all accessible in your agency, what do Francophone clients typically do?
  - a. Most clients will seek out services in French (whether in your agency or elsewhere) regardless of wait times/ accessibility
  - b. Most clients will accept services in English because of shorter wait times/greater accessibility
  - c. This varies considerably based on the family and/or the service they need
  - d. I don't know
6. When services in French are difficult to access or not at all accessible in your agency, does your agency... [please check all that apply]
  - work with translators and interpreters to deliver French language services?
  - offer services in French via tele-mental health?
  - redirect clients to services in French in another agency in your community or outside of your community?
  - redirect clients to services in English in your agency?
  - Other (please specify)
7. Has your agency used recruitment and/or retention strategies geared specifically toward bilingual/Francophone staff? If yes, please describe.
8. In your experience, what are the greatest barriers to providing accessible French language services in Ontario? [please check all that apply]
  - Difficulty recruiting bilingual/Francophone staff (resulting in lack of staff)
  - Difficulty retaining bilingual/Francophone staff (resulting in lack of staff)
  - Difficulty offering services in French because of the lack of trainings offered in French
  - Difficulty offering services in French because of the lack of intervention materials (e.g. manuals, tools) available in French
  - Difficulty determining which specific services to offer in French so as to respond to the needs of our Francophone clientele, while also making good use of agency resources
  - Difficulty offering or making referrals to specialized services (e.g. psychiatrist, neurologist) because of the lack of bilingual professionals
  - Other (please specify): \_\_\_\_\_
9. With regard to access to French language services in Ontario, what's currently working well? What should we continue to do to ensure these services are accessible?

## SERVICE DELIVERY

10. In your agency, in which language(s) are Francophone clients' files written and kept up?
- Always or almost always in French
  - Always or almost always in English
  - Both languages; case files are kept up in both English and French
  - This varies considerably based on the family and/or the staff
11. How has your agency facilitated training opportunities for service providers who provide services in French?
- Trainings are always or almost always offered in French
  - Trainings are sometimes offered in French
  - Trainings are primarily offered in English
  - I don't know
12. The vast majority of intervention models come from the Anglophone context (e.g. are from the U.S.), which could create potential barriers for the cultural relevance of these interventions for Francophones. In light of this, we'd like to know:
- 12.1. Has your agency translated intervention materials in order to offer particular interventions to Francophone families?  
Yes  No
- 12.2. Aside from translating materials, has your agency taken steps to ensure that interventions derived from the Anglophone context fit the needs of Francophone clients (e.g. asked families/youth for feedback on interventions, piloted French language interventions)?  
Yes  No   
If yes, please explain.
13. In your experience, what are the greatest barriers to offering effective French language services to Francophone children, youth and families? [check all that apply]
- Intervention materials are available primarily in English
  - Trainings are offered primarily in English
  - Difficulties related to communication with Francophone clients when French is not the service provider's first language
  - Difficulty establishing a therapeutic alliance with Francophone clients due to linguistic or cultural barriers
  - Difficulties related to communication and/or therapeutic alliance-building when services are offered through the use of a translator/interpreter
  - Issues with record keeping or documentation for Francophone clients
  - Difficulty making client referrals to specialists (e.g. psychiatrist, neurologist) due to the lack of bilingual professionals
  - Difficulty replacing service providers or matching clients with different service providers due to the lack of bilingual staff
  - Interventions lack cultural relevance because they are derived from the Anglophone context (e.g. U.S., Anglo-Canadian)
  - Stress due to additional demands placed on bilingual staff (e.g. larger caseloads, reliance on bilingual staff for translation or interpretation tasks, etc.).
  - Other (please specify)
- 13.1. Has your agency taken steps to address any of the above challenges? Please explain.

14. Does your agency have...
- a) Francophones on their board of directors?
  - b) Francophones on its management team(s)?
  - c) An advisory committee for French language services (or a similar group)?
15. What's currently working well in French language service delivery? What should we continue to do to ensure these services are effective?

## SERVICE EVALUATION

16. We'd like to know if and how you've evaluated French language services in your agency.
- 16.1. Have you sought out feedback from youth and families on the French language services they've received?  
Yes  No
- 16.2. If yes, which methods did you use to obtain this feedback? [please check all that apply]
- Comment cards
  - Surveys/questionnaires
  - Focus group(s)
  - Advisory committee(s)
  - Individual interviews
  - Other (please specify)
- 16.3. Did you use this feedback to improve French language services? If yes, which steps did you take to improve services? [please provide 1-3 examples].
17. Have you evaluated French language services using other methods (e.g. by measuring intervention outcomes)? Please explain.
18. Have you evaluated tele-mental health services in French (if applicable)?



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# Appendix C: Service provider focus group questions

## ACCESS

1. Generally speaking, how easy is it to access French language mental health services in your agency? In Ontario?
2. Do you use tele-mental health as a tool to expand access to French language services?
3. What are the main barriers to offering accessible French language services to Francophone children, youth and families? [barriers to ACCESS, not effective service delivery]

## SERVICE DELIVERY

4. In your experience, what are the main challenges associated with delivering effective French language services to Francophone children, youth and families?
5. What are the main facilitators to service delivery? What's currently working well for staff?

## EVALUATION

6. Have you sought out feedback from youth and families on French language services?
  - a. If yes, what have these data shown in terms of client satisfaction? And how does this compare with English services?
7. Have you assessed the effectiveness of French language services (i.e. did you measure intervention outcomes)?
  - a. Overall, how do these data compare with English language services?

## REFLECTION QUESTIONS

8. All things considered, how could we improve French language services?
  - a. What are some potential strategies for improvement?
  - b. What should we prioritize?

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# Appendix D: French language schooling

While French language education and the intersection between education and child and youth mental health services was outside the scope of this paper, it is important to note that minority-language educational rights are embedded in the Canadian Charter of Rights and Freedoms. Also in the French Language Services Act and the Education Act, the Legislative Assembly declares French to be an official language in education in Ontario and recognizes the rights and duties laid out in section 23 of the Canadian Charter of Rights and Freedoms, as well as the right to a Catholic education in French. As such, regardless, of where you live in the province, all students should be able to access some form of French language education and services.

Today in Ontario, there are four public and eight Catholic school boards which include a total of 350 elementary and 105 secondary schools, with approximately 13,000 employees providing French language education (Ontario, 2016e). In 2015, with the introduction of full day kindergarten, 101,388 French-speaking students were enrolled in school-based day care centers (Éducation en langue française en Ontario, 2014; Ontario, 2017b). In 2015, the student enrollment in French language schools represented slightly over five percent of the total student enrollment for the province (Ontario, 2017b).

In 2006, 31 percent of Francophone parents were sending their children to English schools, and 11 percent to French immersion programs. Children attending such schools are less likely to use French at home and with their friends, possibly because most of their peers are English (Corbeil & Lafrenière, 2010). Given their linguistic minority status, Francophone children and youth in Ontario are not as proficient in their mother tongue as their Quebecois counterparts (Mayer-Crittenden, Thordardttir, Robillard, Minor-Corriveau, & Bélanger, 2014), presenting them with a communication disadvantage when conversing with their cultural (i.e., Francophone) peers. Interestingly, Anglophone children in French immersion do not suffer the same disadvantage when interacting with their cultural peers, pointing to the influence of their majority status.



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# Appendix E: Active offer

The French Language Services Commissioner of Ontario (Boileau, 2016b) has argued in various reports that Ontario government initiatives simply do not go far enough, and that its adoption of the active offer principle is in many cases ignored or not fully implemented. His exposition of the principle and its requirements are worth citing at length:

Active offer ... implies that service providers are proactive. In other words, in the context of the provision of government services, individuals must have a real choice to use either of the languages actively offered to them. In order for there to be an “active” offer of services in French, the initial communication, whether oral or in writing, must be in English and French. This way, Francophones know, from the point of first contact, that they have access to a service in French. Second, active offer also consists in guaranteeing that subsequent services can be provided in French and that they will be equivalent in quality to the services offered in English. Individuals must therefore always feel comfortable choosing French when they use services. A person feels free if they observe, in the environment around them, that the two languages, English and French, have equal status. And third, the choice to use one language or another must not influence the quality of the services. The Commissioner’s Office has long hammered home the importance of “creating an environment that is conducive to demand and that anticipates the specific needs of Francophones in their community” (p. 12).





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