



OVERVIEW OF THE MENTAL HEALTH AND ADDICTION SECTOR IN NORTHERN ONTARIO

JANVIER 2025



LE RÉSEAU DU MIEUX-ÊTRE
FRANCOPHONE
DU NORD DE L'ONTARIO

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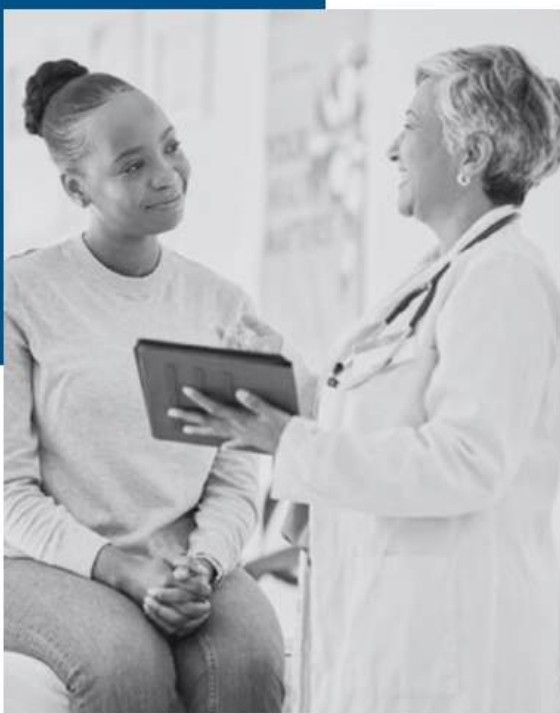
INTRODUCTION

The mental health and addiction sector has significantly evolved over the past few years, and several issues have had a major impact on the availability of French-language services in this field. According to the Ministry of Health's report, Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, challenges such as wait times, barriers to access, service fragmentation, lack of funding, insufficient data, and a shortage of French-speaking healthcare professionals create significant difficulties for organizations in the sector. These organizations must take these issues into account when developing their strategic priorities and strive to find innovative short-, medium-, and long-term solutions to effectively serve their Francophone clientele.

The team at the Réseau du mieux-être francophone du Nord de l'Ontario (Réseau) works closely with health service providers in the mental health and addiction sector to support them in delivering services in French. The Réseau's vision is to ensure the offer of French-language health services for Francophones living in a minority context in Northern Ontario, including, of course, the mental health and addiction sector.

Recognizing that the previously mentioned issues have a significant impact on the availability of French-language health services, the Réseau identified the need to assess the current state of this sector to better understand their realities and thus be able to better guide and support them in their activities, always with the aim of improving the offer of health services in French in Northern Ontario.





To achieve this, the Réseau has set the objective of evaluating the current state of French-language health services in the mental health and addiction sector in Northern Ontario. The review of the current state aims to identify the realities faced by Francophones and organizations in this sector across the different regions of Northern Ontario, namely the four regions in the North East — Algoma, Cochrane, Nipissing-Temiskaming, and Sudbury-Manitoulin-Parry Sound—as well as the four regions in the North West — Thunder Bay, Kenora District, Rainy River District, and Thunder Bay District.

This would enable the Réseau to identify potential actions and strategic priorities tailored to the needs of each region, thereby allowing them to better support the sector's organizations in setting their own priorities and strengthening their capacity to provide French-language services.

This report will be the subject of the data that has been collected and analyzed by the Réseau, also drawing some conclusions to better support organizations in the sector. First, a contextual overview will explain how the impact of the changing Francophone population and changes in the sector has impacted the availability of French-language health services. Next, the objective of the report will be defined, followed by a brief explanation of the methodology used to gather the data. Finally, the collected data will be presented and briefly presented and analyzed, followed by conclusions and recommendations.

CONTEXT

MENTAL HEALTH AND ADDICTION IN CANADA

Mental health and addiction are significant issues in Canada. Many Canadians are affected by mental health or addiction problems, either directly or indirectly (for example, through family members, friends or colleagues) (Government of Canada, 2017). According to the 2012 Canadian Community Health Survey, approximately one in three Canadians will experience a mental illness at some point in their lives (Government of Canada, 2017). Similarly, a more recent survey conducted in 2021 found that about 21% of the Canadian population will suffer from a substance use disorder or addiction at some point in their lives (Calgary Dream Centre, 2021). Additionally, according to a 2023 survey by the Commonwealth Fund, more than a quarter of Canadians (28%) had spoken with a healthcare professional about stressors in their daily lives (Canadian Institute for Health Information, 2024).



The 2022 Mental Health and Access to Care Survey found that 18.3% of Canadians aged 15 and older met the diagnostic criteria for a mood disorder, an anxiety disorder or a substance use disorder in the past year (Statistics Canada, 2023). Additionally, about half (48.8%) of these Canadians reported having discussed their mental health with a healthcare professional during the year (Statistics Canada, 2023).

This data highlights the widespread impact of mental health and addiction-related disorders across the country and demonstrates that these challenges affect a significant portion of the Canadian population. Therefore, the country must provide adequate psychological support and addiction treatment to assist individuals facing these growing issues.

The Francophone population in Ontario

For the reasons mentioned above, it is important to offer mental health and addiction services in French in Ontario, in order to effectively serve the Francophone population. This group represents the largest official language minority in the province. Additionally, apart from Quebec, Ontario has the highest number of Francophones in Canada.

According to the 2021 Census, nearly 600,000 people—representing 4.2% of the province's population—identified French as their mother tongue (Statistics Canada, 2023). This rate has remained relatively stable over the past decade, with the Francophone population continuing to grow at the same rate as the Anglophone population. In 2011, 4.1% of Ontarians identified French as their mother tongue, a proportion that was 4.0% in 2016 and rose slightly to 4.2% in 2021. This demonstrates the strong presence of a Francophone community in Ontario, and the stability of this population over the years underscores the need for sustainable and tailored measures to provide mental health and addiction services in French.



This reality is particularly evident in Northern Ontario, where the Francophone population represents a higher proportion of the total population compared to the southern part of the province. However, challenges are further exacerbated by geographic isolation, a lack of local resources, and limited access to specialized services. In rural areas, the significant distances between communities and healthcare facilities make access to services more difficult, especially for French-language services, which are even more rare. These obstacles highlight the urgent need to invest in targeted solutions, such as telehealth, active recruitment of bilingual healthcare professionals, and the development of strong community networks to ensure equitable access to quality services for Francophones in the North.

MENTAL HEALTH AND ADDICTION AMONG FRANCOPHONES IN A MINORITY CONTEXT

The situation is even more concerning for Francophones living in a linguistic minority context, who appear to be disproportionately affected by mental health and addiction issues. In 2018, 38% of Francophones in a minority linguistic situation suffered from mental health and substance use

disorders, compared to 34% of the general Canadian population (Bouchard, Colman & Batista, 2018). These figures highlight the increased vulnerability of this community, which faces additional challenges related to its minority linguistic status.

This vulnerability is partly due to the limited access to mental health and addiction services in French. In Ontario, 53% of Francophones report having no access or very limited access to these services in their language (Provincial System Support Program, 2018). This language barrier has significant consequences, including less frequent contact with psychiatrists and a lower quality of care compared to Anglophones. In fact, after being admitted to the hospital, Francophones are three times less likely than Anglophones to have daily contact with their psychiatrist, which can compromise the continuity and effectiveness of care (Tempier, Bouattane & Hirdes, 2015).

Limited access to mental health and addiction services can have significant impacts on the health of Francophones. This lack of access can also be attributed to a shortage of bilingual healthcare professionals, making it difficult to access healthcare professionals able to offer services in French.

Furthermore, French-language services themselves are often limited, particularly in regions where demand is perceived as low. This situation is further exacerbated by distance, especially in Northern rural communities, where healthcare facilities offering services in French are rare and often far away. As previously mentioned, this forces many Francophones to wait longer to receive services in their language or to turn to services in English if they are able to do so. However, using health services in a language other than one's mother tongue can have negative impacts on outcomes and the quality of interactions with healthcare professionals. Indeed communication is crucial in the field of mental health and addiction.

The importance of communication in mental health and addiction treatment

Communication plays a crucial role in the area of mental health and addiction for several reasons, both in terms of promotion and prevention, as well as evaluation and treatment. When accessing mental health and addiction services, individuals are vulnerable as they share their personal struggles.

They must therefore feel comfortable and open to sharing their emotions with the healthcare professional.

Communication is the primary tool used by mental health and addiction professionals. In most cases, clients are required to communicate their symptoms, emotions, and experiences, which professionals then use to develop a plan and set goals that address the client's needs. Effective communication between the client and the healthcare professional is essential for ensuring an accurate diagnosis, which will contribute to improving the client's well-being. Likewise, good communication allows the professional to build a strong trust-based relationship with the client, making them feel comfortable sharing their thoughts and feelings, which can help reduce anxiety and improve well-being—key elements in treating mental health and addiction issues. Additionally, good communication enables clients to better understand their situation and to actively participate in developing a therapeutic plan and goals, making them more likely to follow the recommendations provided.

The impact of language barriers on the quality of care

The lack of services in French greatly disadvantages Francophones seeking to receive services in their mother tongue. Francophones are often required to wait longer than Anglophones to access services in their language, must travel outside their region to access necessary services, or must pay for private services, even though they could receive services in English for free (excerpt from the testimony of Sarah Spencer, Francophone psychotherapist in Thunder Bay).

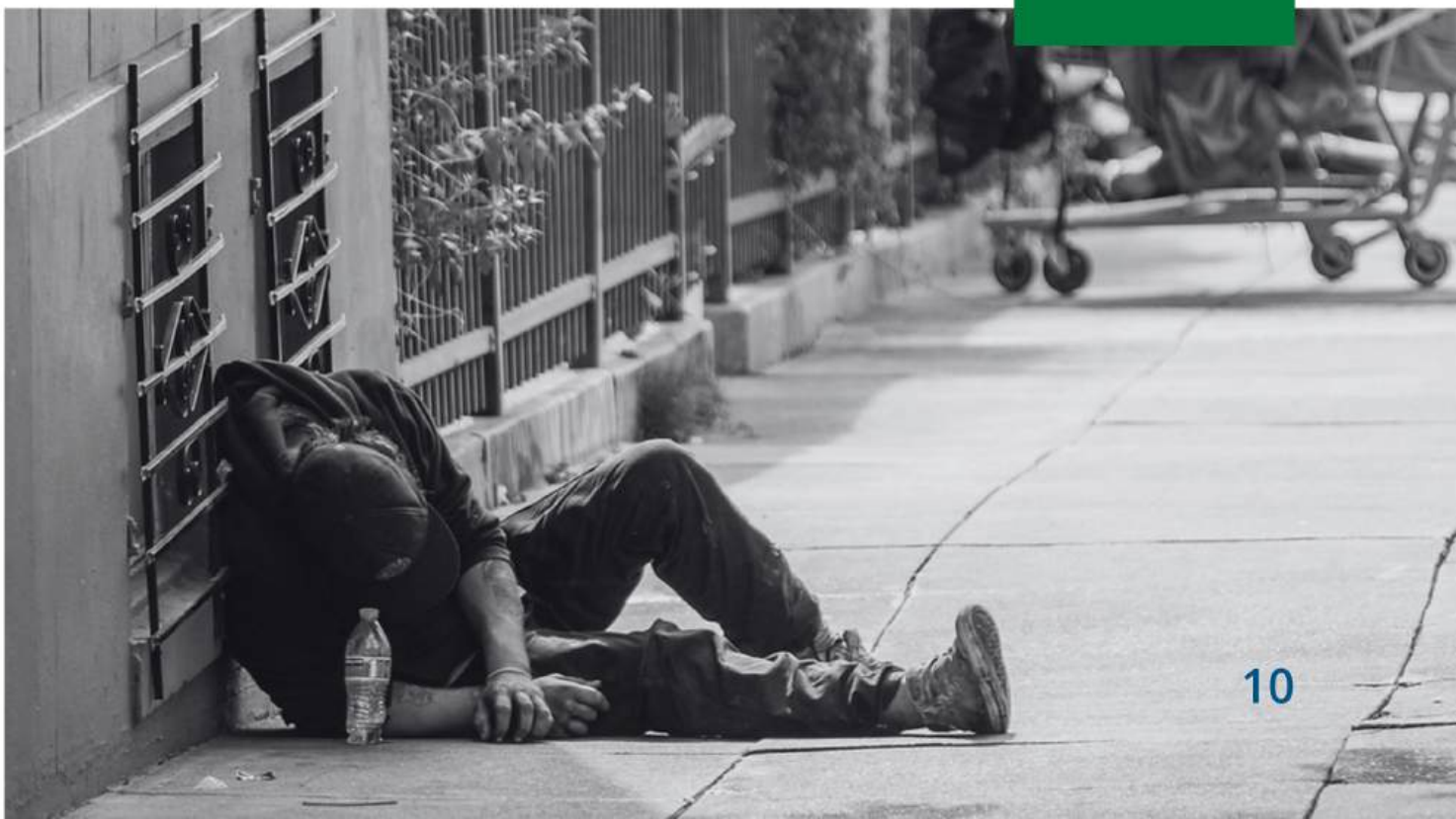


Many Francophones therefore choose to access their services in English, as they are often more accessible and available than French-language services. They may also fear having to wait longer for services, having to travel outside their region, or that French-language services might not be of the same quality as English services. As a result, these clients make the decision to communicate in a language that is not their mother tongue, which significantly disadvantages them not only in terms of the effectiveness of their communication with the healthcare professional, but also in terms of the trust they develop with them.

Although many Francophones in the province are bilingual, communication in the field of mental health and addiction treatment is not equivalent to everyday communication, as it is more “personal” and leaves more room for the client’s vulnerability. In addition to already being vulnerable, a Francophone client seeking mental health services in English must translate everything they want to say to their therapist into English before speaking, which can be a challenge. Indeed, Francophones have typically learned the vocabulary for emotions in their mother tongue, rather than in English.

This increases the likelihood of struggling to find the right words and experiencing misunderstandings due to language barriers (excerpt from the testimony of Sarah Spencer, Francophone psychotherapist in Thunder Bay). That said, a client may also choose not to share certain things out of fear that they will not be able to translate them into English, or they might use Francophone expressions or words that translate differently into English, which could then lead to misunderstandings and difficulties in interpreting their words. A poor understanding of the client's statements by the healthcare professional can increase the likelihood of errors in diagnosis and treatment, which is also harmful to the quality of care.


Another important factor to consider is that, for the client, the interpretation of their words, as well as the time and energy required for this process can cause additional stress and increase their anxiety. This is particularly undesirable, especially in the field of mental health and addiction treatment. In fact, the already vulnerable client does not want any additional factors harming their mental health, which could even reduce their willingness to attend multiple sessions, potentially leading to prematurely discontinuing treatment before achieving their therapeutic goals. On the other hand, it is also important to note that the translation and interpretation of statements can extend the length of consultations or increase the time the client needs to discuss a particular issue, leaving less time to address other topics.



Another challenge that a Francophone client may face when seeking services in English is the continuity of care and the use of different services in different languages. For example, a Francophone client whose doctor is Francophone will be able to access reports, data, or notes in French, all generated during meetings with the doctor. In a context of continuity of care, where certain information from the client's file is shared with the therapist, it is essential that the therapist is able to fully understand the information being provided in order to offer services that meet the client's needs (*excerpt from the testimony of Sarah Spencer, Francophone psychotherapist in Thunder Bay*). Effective communication between different services is therefore necessary to ensure coherent and integrated care for the Francophone client.

In conclusion, clients from linguistic minorities, such as Francophones, may experience difficulty fully expressing their symptoms and emotions in a language that is not their mother tongue. This barrier can thus limit the quality of the information shared and, consequently, affect the accuracy of the diagnosis and the effectiveness of the treatment. To overcome these barriers, it is essential to ensure equitable access to mental health and addiction services that are accessible and in clients' mother tongue. This not only facilitates open and accurate communication, but also builds clients' trust and a sense of security, which is fundamental to their healing and well-being.





RESPONSIBILITY OF KEY STAKEHOLDERS IN MENTAL HEALTH AND ADDICTION SERVICE PLANNING

ONTARIO HEALTH: AN ORGANIZATION AIMED AT IMPROVING THE HEALTHCARE SYSTEM IN THE PROVINCE

Ontario Health is an organization created by the Government of Ontario. Its mandate is to interconnect, coordinate, and modernize the province's healthcare system to make it more efficient and person-centered. The organization oversees healthcare planning and delivery, measuring performance, managing funding, and establishing quality standards for various clinical services, while collaborating with various partners and communities to improve care (Ontario Health, 2023).

Specifically, its mandate as outlined in its 2023-2024 Annual Business Plan is as follows:

"Ontario Health's mandate is to connect, coordinate and modernize our province's healthcare system to ensure that the people of Ontario receive the best possible patient centred care, when and where they need it. Ontario Health oversees healthcare planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities." (Ontario Health, 2023-2024).

Ontario Health's strategic priorities are:

1. Reduce health inequities
2. Transform care with the person at the centre
3. Enhance clinical care and service excellence
4. Maximize system value by applying evidence
5. Strengthen Ontario Health's ability to lead

By reviewing the mandate and strategic priorities of Ontario Health, we can assume that improving access to French-language services is mentioned in the 2023-2024 Annual Business Plan. For example, measures to improve the accessibility of French-language healthcare services would help reduce health inequities for Francophone communities in minority situations, which aligns perfectly with Ontario Health's first priority of reducing health inequities.

THE OFFER OF FRENCH-LANGUAGE MENTAL HEALTH AND ADDICTION SERVICES IN ONTARIO HEALTH'S 2023-2024 ANNUAL BUSINESS PLAN

The 2023-2024 Annual Business Plan of Ontario Health is a planning document outlining the overall goals, priorities, and key activities of Ontario Health for the next three years. This plan includes five strategic priorities, and it is under the priority titled "Transform care with the person at the centre" that actions related to the offer of mental health and addiction services for Francophones are included, specifically under the first action item titled "Support improved access to high-quality mental health and addictions care."

More concretely, the plan lists, among other activities:



Activities related to the offer of mental health services and fight against addiction for Francophones in Ontario Health's 2023-2024 Annual Business Plan

Activity

Improve access to and quality of equitable care for people experiencing depression and anxiety-related disorders, schizophrenia, psychosis, eating disorders and substance use disorders.

Year 1 : 2023 - 2024

Means

- Expand the Ontario Structured Psychotherapy (OSP) program and align program quality and performance expectations and funding.
- Develop new in-person and virtual provincial programs for people with depression and anxiety-related disorders across the full spectrum of care.
- Develop new in-person and virtual provincial programs for people experiencing schizophrenia, psychosis, eating disorders and substance use disorders.

Year 2 : 2024 - 2025

Means

- Increase access to the OSP program and monitor quality and performance expectations and outcomes.
- Begin phased implementation of new in-person and virtual provincial programs for people with depression and anxiety-related disorders across the full continuum of care, including screening through primary care, Ontario Health Teams and neurostimulation procedures.
- Begin phased implementation of new in-person and virtual provincial programs for people experiencing schizophrenia, psychosis, eating disorders and substance use disorders.

Year 3 : 2025 - 2026

Means

- Further increase access to and improve quality of the OSP program.
- Advance ongoing implementation and begin evaluation of in-person and virtual provincial programs for people experiencing depression and anxiety-related disorders, schizophrenia, psychosis, eating disorders and substance use disorders.

(Ontario Health, 2023)

In summary, as part of the provision of mental health and addiction services for Francophones, Ontario Health's 2023-2024 Annual Business Plan proposes the gradual implementation of new provincial in-person and virtual programs for individuals suffering from depression and anxiety-related disorders across the entire continuum of care, as well as expanding Ontario's structured psychotherapy program and advancing the implementation and evaluation of new programs.

HEALTH ONTARIO NORTH

Ontario Health North is responsible for implementing Ontario Health's Annual Business Plan. The Réseau collaborates with Ontario Health North and other providers and partners in the mental health and addiction sector by sitting on the "North East Mental Health and Addictions Advisory Council." As part of this committee, the Réseau provides advice and strategic guidance to Ontario Health North on key issues in the sector to promote effective decision-making that takes into account the challenges, gaps, and needs of the Francophone population. This includes sharing tools, surveys, and gathering perspectives and needs from health service providers and clients.

The advisory council serves as a liaison for knowledge sharing and support to foster the development and implementation of province-led strategies in the North East region, as well as to identify future priorities based on regional and local needs.

The Réseau is also part of the Francophone committee for the Ontario Structured Psychotherapy Program (OSP); the Réseau shares challenges, solutions, tools and resources with Ontario Health teams to improve health services in French in the sector. This information, shared by means of a report, will be used to help recognize the need for recent and reliable data while planning French language services in the sector. Other committees of which the Réseau is a member are: The Provincial Network of Mental Health and Addiction Service Providers in French of the Centre for Addiction and Mental Health (CAMH) and the Northern Mental Health and Addictions Committee - North West.

The Réseau's plan for mental health and addiction is outlined in an annual action plan, which is shared with Ontario Health North. This annual action plan allows the Réseau to identify activities such as the development of a complementary module on active offer specific to the mental health and addiction sector - [Services Adapted to Francophone Clients in the Mental Health and Addictions Sector](#); testimonial videos: [The positive impacts of virtual mental health and addiction services for Francophones](#), and [The Importance of French-language services in the mental health sector](#); as well as tools and strategies to support and improve access to mental health and addiction services in French.





COLLABORATION BETWEEN THE RÉSEAU AND THE ONTARIO HEALTH TEAMS

In order to better plan the actions aimed at improving mental health and addiction services for Francophones, it is important to understand the role of the Réseau and that of the Ontario Health Teams.

ROLE OF THE RÉSEAU

The Réseau collaborates with the healthcare system to ensure viable French-language service planning that meets the needs of the community and respects the *French Language Services Act*. This Act guarantees the public the right to receive services in French from ministries and agencies of the Ontario government located in 27 designated regions.

The Réseau serves the following designated regions in Northern Ontario:

- Ignace Township in the Kenora District
- Thunder Bay District (Geraldton, Longlac, Marathon, Manitouwadge, Beardmore, Nakina, and Terrace Bay)
- Algoma District (in its entirety)
- Cochrane District (in its entirety)
- Sudbury District (in its entirety)
- City of Greater Sudbury (in its entirety)
- Temiskaming District (in its entirety)
- Nipissing District (in its entirety)
- Municipality of Callander in the Parry Sound District



As a Network and Health Planning Entity, the Réseau must maximize its impact on provincial issues of common interest, such as mental health and addiction. Specifically, the Réseau is tasked with:



Acting as a planner by guiding provincial, regional, and local strategies and developing resources related to mental health and addiction.

Collaborating with partners at the provincial, regional, and local levels to enhance access to, delivery of, and sustainability of healthcare services for the Francophone minority population in Northern Ontario.

Informing political decision-makers.

Collecting data for planning and community engagement.

ROLE OF THE RÉSEAU AT A PROVINCIAL AND REGIONAL LEVEL

The Réseau, in its role as a French-language health planning entity, is frequently consulted by the Ontario Ministry of Health and Ontario Health to provide feedback and recommendations on provincial initiatives related to services for the Francophone population.

In addition, the Réseau works closely with its provincial partners, such as the Assemblée de la francophonie de l'Ontario (AFO), in preparing briefs and recommendation documents related to Ministry of Health policy and legislative changes.

The Réseau is a member of the Francophone Network for Mental Health and Addiction Service Providers, supported by the Provincial System Support Program (PSSP) of the Centre for Addiction and Mental Health (CAMH). This network, established based on the recommendations of the *CIEL ÉCLAIRCI* report, aims to improve access to French-language services in Ontario. As a member, the Réseau works to reduce isolation among providers, facilitate the sharing of best practices, and build skills through accessible training.

At the regional level, the Réseau plays a key role in coordinating local efforts to address the specific needs of Francophone communities, fostering collaborations among organizations, and ensuring that services are adapted to the realities of different regions, particularly in Northern Ontario.



ROLE OF ONTARIO HEALTH TEAMS

According to an announcement made in 2019, Ontario Health Teams are defined as “groups of providers and organizations that are clinically and fiscally responsible for delivering a comprehensive and coordinated continuum of care to a defined geographical population” (Ontario, n.d.).

The Ontario Health Teams model encourages providers to improve the health of entire populations by reducing disparities among different population segments, coordinating services and care for a geographical region, and by demonstrating respect for the role of Francophones in the planning, design, delivery, and evaluation of services for individuals, families, and communities.

The Ontario Health Teams model proposes the following improvements to the healthcare system (see Appendix 2 for a list of OHTs in the North):

- Digital services are improved, navigation support is provided, transitions are safe and supported, and relationships and communications are improved.
- Responsibilities are shared between organizations.
- Costs are reduced.
- Health outcomes are improved.

COLLABORATION BETWEEN THE RÉSEAU AND THE ONTARIO HEALTH TEAMS

The Réseau works closely with the Ontario Health Teams (OHT) to ensure that services in French are included in the planning. The Réseau is a member of five of the seven OHTs in the North East, namely: Nipissing Wellness OHT, Algoma OHT, Cochrane District OHT, Temiskaming Regions OHT and Sudbury Espanola Manitoulin Elliot Lake OHT. We are not members of the other two OHTs, as Maamwesying is responsible for Indigenous communities and the West Parry Sound OHT does not serve an area designated under the [French Language Services Act](#). For the North West region, there are four OHTs. The Réseau is a member of the Noojmawing Sookatagaing OHT of the City and District of Thunder Bay and participates in the Kiiwetinoong Healing Waters OHT meetings of Dryden, Red Lake and Sioux Lookout. As with the North East, the Réseau is not a member of two OHTs, All Nations Health Partners, as they are responsible for Indigenous communities. They also cover a region that is not designated under the *French Language Services Act*, similar to the Rainy River District OHT.

PURPOSE OF THIS REPORT

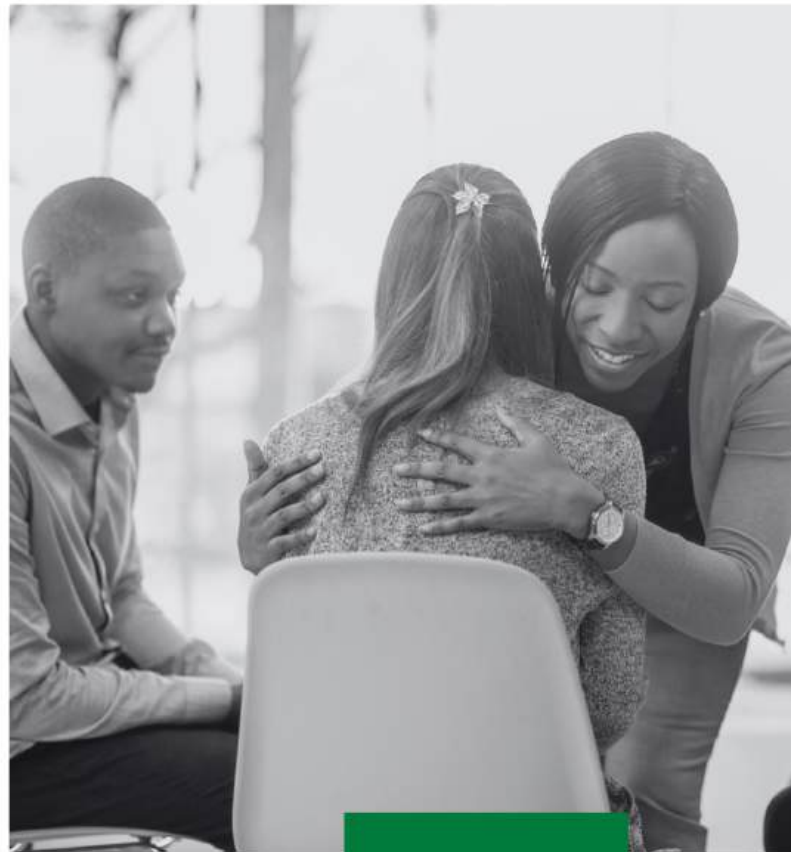
The Réseau has undertaken the task of assessing the current capacity of the mental health and addiction healthcare system in Northern Ontario in order to better support health service providers and strengthen the sector. This study will allow the Réseau to understand the current capacity of French-speaking healthcare professionals in Northern Ontario and identify areas and regions where disparities are most significant.

This report will be used to inventory the services currently offered, in order to better guide the Réseau's work with various provincial stakeholders and health service providers. It will also serve as a guide for establishing priorities and regional strategies regarding French-language services in the mental health and addiction sector.



This report will therefore analyze the data collected as part of in this study on the current capacities of the mental health and addiction sector, with the following key objectives:

- Identify the capacity to offer services in French in the mental health and addiction sector;
- Identify services to better support the Réseau in sharing information with various decision-makers and stakeholders within the healthcare system.
- Guide the establishment of regional priorities and strategies for French-language services in the mental health and addiction sector.



METHODOLOGY

To analyze the current capacities of the healthcare system in Northern Ontario, the Réseau used four themes that were studied across the eight regions of Northern Ontario. The Réseau ensured that the same information regarding the provision of mental health and addiction services was collected for each region to allow for proper comparison.

DATA COLLECTION SOURCES

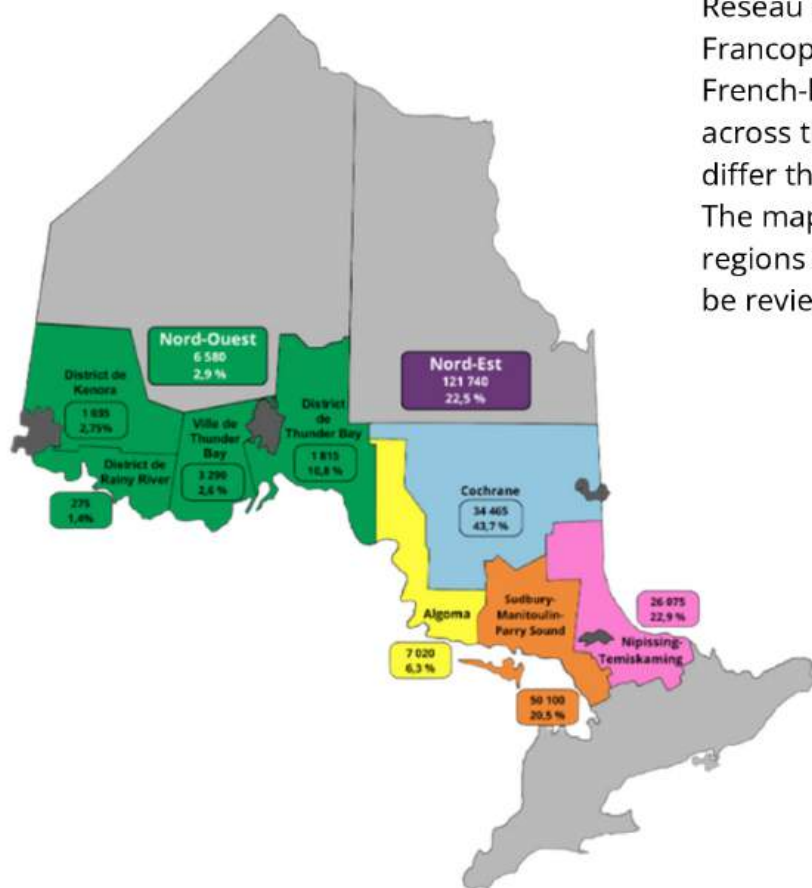
The majority of the data used for this report comes from the 2022-2023 annual Report on French-Language Health Services, which is submitted to the Ontario Ministry of Health and Ontario Health. This report is completed annually by all health service providers (HSPs) who have an accountability agreement with Ontario Health North. However, health service providers for Indigenous populations are excluded from this study.

Important notes

- As part of this study, a comprehensive overview of all services in this sector was created based on the available data. The data collected therefore represents all employees in all sectors.
- The information used in this study provides a snapshot of the situation at a specific point in time. It is therefore subject to change as the sector evolves and as changes occur with health service providers.

AREAS OF NORTHERN ONTARIO BEING STUDIED

The regions included in this report are in Northern Ontario. Northern Ontario can be divided into two major regions, the North East and the North West. Each of these large regions can then be divided again into four regions, namely the regions of Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound for the North East and the City of Thunder Bay, the District of Kenora, the District of Rainy River and the District of Thunder Bay for the North West. This report will provide an overview of the situation for each of these eight regions, in order to identify the pressing needs and develop action plans tailored to those needs. The Réseau seeks to reflect the reality of Francophones and the portrait of French-language health services across the various regions, which differ throughout Northern Ontario. The map below shows the different regions of Northern Ontario that will be reviewed in this report.

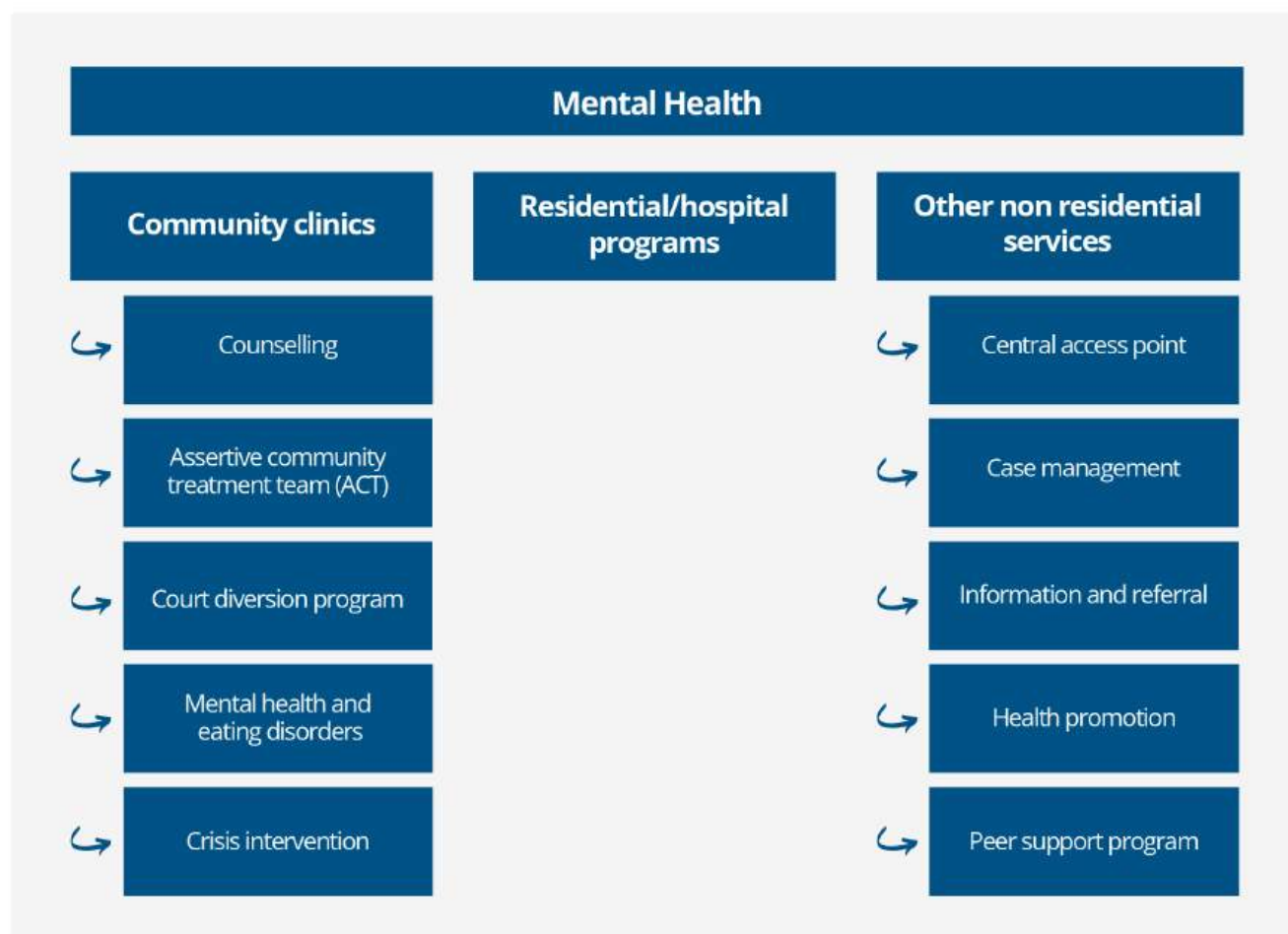


Types of health service providers

The health service providers included in this report, are those offering addiction services, residential and community treatment programs, mental health services, community services, crisis services, specialized services, and virtual services and are financed by the Ministry of Health. In the following two diagrams, taken from the current state report of the Réseau des services de santé en français de l'Est de l'Ontario, we can see the classification used for types of health service providers in the sector, grouping them into categories based on the type of services offered.



(Réseau des services de santé en français de l'Est de l'Ontario, 2021)



(Réseau des services de santé en français de l'Est de l'Ontario, 2021)

Categories of health service providers

Each of the regions shown in the previous map includes various health service providers that offer services to the population of the respective region. These health service providers can be divided into three categories: designated health service providers, identified health service providers, and non-identified health service providers.

Each category of health service provider is briefly defined in the following pages (Réseau, 2024).

Health service providers designated under the French Language Services Act (FLSA)

The designation under the *French Language Services Act* is the legal recognition, by the Ontario government, of the ability of an organization to offer services in French. A designated health service provider must ensure that quality services in French are available on a permanent and continuous basis, guarantee access to services, follow the principle of active offer and put in place governance and accountability for services in French. The designation plan for designated health service providers under the *French Language Services Act* is evaluated every three years to ensure they meet all requirements of the designation. These providers are recognized by Ontario Health North and the Network as meeting all designation requirements.

Some health service providers are partially designated under the *French Language Services Act* (FLSA). For partially designated providers, certain programs and services are designated under the *French Language Services Act* and are required to offer services in French.

Compliance with the designation under the *French Language Services Act* is evaluated every three years to ensure they meet all the requirements of the designation. These providers are recognized by Ontario Health North and the Réseau as being in compliance with all the requirements of the designation.

Health service providers identified to offer services in French

Identification is the term used to distinguish health service providers who have been selected by Ontario Health to plan the offer of French-language services in preparation for designation. Identification is not a legal recognition in the same way as designation.

**Health service providers
not identified to offer
services in French**

Non-identified health service providers are not required to offer services in French. However, they must have a way to meet the needs of Francophones if they do not have the capacity to offer them, for example by redirecting them to other providers who offer health services in French.

The table on the following page provides an overview of health service providers working in the mental health and addiction sector across the eight regions of Northern Ontario. A more detailed list of the various services offered can be found in Appendix 1 of this document. However, it is important to note that some regional providers offer services in more than one region. As a result, they are counted more than once in the table.



		Categories of health service providers working in the mental health and addiction sector			
Region		Designated	Partially Designated	Identified	Non-identified
North-East	Algoma	0	0	0	6
	Cochrane	7	1	1	0
	Sudbury-Manitoulin-Parry Sound	2	0	0	1
	Nipissing-Temiskaming	4	0	0	0
North-West	City of Thunder Bay	0	0	0	3
	Kenora District	0	0	0	0
	Rainy River District	0	0	0	0
	Thunder Bay District	0	0	0	2

THEMES EXPLORED

In order to analyze the current capacities of the healthcare system in Northern Ontario, the Réseau chose to explore four themes for each of the regions. These four themes are French-speaking human resources capacity, active offer, capturing linguistic identity and documentation and communications. Exploring these themes will help identify existing strengths in the mental health and addiction sector and areas that require more attention.

These themes were inspired by the 20 requirements for designation, as outlined by the Ontario Ministry of Francophone Affairs. Each of these themes will be defined in the following paragraphs.



French-speaking human resources capacity

French-speaking human resource capacity is analysed based on the health service provider's human resources plan for the 2022-2023 period. Health service providers are required to report on their French-speaking human resources capacity in their human resources plan.



Active Offer

The active offer of services in French is the action of proactively offering quality services that are available at all times, clearly announced, visible, easily accessible and of equivalent quality to those offered in English, from the first contact. Services in French must also be offered by health service providers at all points of contact.





Capturing the linguistic identity

The use of the linguistic variable is the means by which organizations identify Francophones. The linguistic variable consists of asking two questions in order to identify Francophone clients, all in compliance with the spirit of the Inclusive Definition of Francophone (IDF). These questions are:

1. Q : What is your mother tongue?
A : French, English, other
2. Q : If your mother tongue is neither French nor English, in which of Canada's official language are you most comfortable?
A : French, English

The second question allows for the inclusion of newcomers whose mother tongue is not French, but who know and understand French as an official language, as proposed by the IDF. The linguistic variable was chosen by the Regroupement des entités de planification des services de santé en français de l'Ontario in 2013 and its adoption was then recommended in 2018 by the former Office of the French Language Services Commissioner of Ontario. It is now the standard to be used for identifying Francophones. This information should be collected when a person registers with a health service provider. One of the first steps of registration involves completing a form that contains various types of information about the client, usually including information about the person's mother tongue or first official language spoken.



Documentation and communications

Health service providers offering services in French must ensure that the offer of services in French is indicated in all their communications, regardless of the medium used (documents for clients, signs, posters, notices, websites, press releases, brochures, content shared on social media, or others), and that all communications intended for clients, caregivers, and the general public are in French, following the principle of active offer.

DATA LIMITATIONS

It is important to consider some limitations related to the data used in this report.

- Several factors linked to the year 2022-2023 mean that the resulting data and analyses should be interpreted with caution:
 - The transfer to a new platform for the annual French language services report posed a number of technical and time-related challenges.
 - The pandemic caused numerous challenges, including a growing labour shortage, which placed greater pressure on health service providers.
- The information used in this study represents an overview of the current state at a specific point in time. The data is likely to change depending on transformations in the sector and changes in health service providers.
- In Ontario, not all mental health and addiction services and programs are integrated under Ontario Health, reflecting the complexity and constant evolution of this sector. The restructuring of the Ministry of Health in 2019 led to the creation of a division dedicated to mental health addiction services, reinforcing the focus on these critical issues.

- As part of these reforms, the Centre of Excellence for Mental Health and Addictions was created to oversee the delivery and quality of services in this area. The Centre of Excellence acts as a central point of accountability and oversight, standardizing the quality and delivery of care based on common performance indicators and shared infrastructure. It also provides resources to Ontario Health Teams to effectively refer individuals to appropriate services. This initiative is part of a vision of a comprehensive, interconnected mental health and addiction system focused on the needs of the citizens of Ontario.
- Furthermore, even when the funding received is allocated for a certain type of program (for example, the community mental health counseling program), health service providers have a certain amount of freedom when it comes to developing the service. Service provision and scope of offer may differ greatly from one health service provider to another. This makes it more difficult to compare the services offered by two providers and to create a complete picture of all the services in the sector offered to the Francophone population of Northern Ontario.



ANALYSIS



In the following pages, an overview of the current state will be presented for each of the four themes that are part of this report. Each theme will be analyzed individually in order to provide an overview of the situation in the eight regions of North and to identify their specific needs.



FRENCH-SPEAKING HUMAN RESOURCES CAPACITY

French-speaking human resources capacity refers to the number of French-speaking employees compared to the total number of employees across the mental health and addiction service sector in the eight regions for the 2022-2023 period. Identified and designated health service providers are required to report on their French-speaking human resources capacity in the human resources plan they complete annually.

The table on the following page shows the number of French-speaking employees working in the mental health and addiction sector in each of the regions included in the report. It is important to note that this data does not include the number of French-speaking employees from non-identified organizations (four in the North East and six in the North West), as these organizations are not formally required to report annually in terms of French-speaking human resources.

Région		Total number of employees	Employees with French-language skills	Percentage of employees with French-language skills	Percentage of the population whose mother tongue is French	Percentage of the number of visits by Francophones	Percentage of the number of unique Francophone clients
North East	Algoma	165	27	16.36 %	6.18 %	1.00 %	1.30 %
	Cochrane	243	148	60.91 %	43.21 %	38.01 %	37.90 %
	Sudbury-Manitoulin-Parry Sound	165	56	33.94 %	8.95 %	0.81 %	4.82 %
	Nipissing-Temiskaming	357	125	35.01 %	22.77 %	6.36 %	12.32 %
North West	City of Thunder Bay	188	14	7.45 %	2.53 %	1.42 %	0.38 %
	Kenora District	-	-	-	1.76 %	5.23 %	0.42 %
	Rainy River District	-	-	-	1.40 %	1.32 %	0.16 %
	Thunder Bay District	135	6	4.44 %	5.23 %	1.60 %	0.23 %

Data presented in the previous table can be compared in order to draw conclusions. However, some health service providers shown in the table are regional organizations serving communities in more than one region (one organization in the North East and six in the North West).

That being said, the data for an organization, such as the Centre for Education and Research on Aging and Health (CERAH), appears in four regions because it cannot be broken down by the services provided in each region. In fact, in the annual French language services report, health service providers are not required to indicate how many employees work in each region, but rather how many employees they have in total.



The following conclusions that can be drawn from the table:

- Five out of the six regions where data was available show a higher percentage of employees with French-language proficiency than the percentage of the population whose mother tongue is French. The only exception is the Thunder Bay District.
- In the North East, the region with the largest variance between the percentage of employees with French-language proficiency and the percentage of the population whose mother tongue is French is Sudbury-Manitoulin-Parry Sound. In the North West, the region with the largest variance is the City of Thunder Bay.
- In each of the regions, the percentage of visits by Francophones and the percentage of unique Francophone clients are lower than the percentage of the population whose mother tongue is French, indicating gaps in the mechanisms for capturing linguistic identity. To facilitate regional comparisons, the percentage of visits by Francophones and the percentage of unique Francophone clients have been combined into a single percentage. The regions where the gap appears most significant are as follows: Sudbury-Manitoulin-Parry Sound (1.09% of Francophone clients/visitors vs. 8.95% of Francophones in the region, therefore a gap of 12.2%) , Algoma (1.02% of Francophone clients/visitors vs. 6.18% of Francophones in the region, therefore a gap of 16.5%), District of Thunder Bay (1.46% of Francophone clients/visitors vs. 5.23% of Francophones in the region, therefore a gap of 27.9%) and Nipissing-Temiskaming (6.76% of Francophone clients/visitors vs. 22.77% of Francophones in the region, therefore a gap of 29.7 %).





The next table outlines the number of French-speaking employees working in the mental health and addiction sector in each of the regions that are part of the report, as well as the number of employees required to offer services in French (it is important to point out that this number is determined by the health service provider; it is therefore possible that it does not necessarily represent the actual number required). Note, this data does not include non-identified organizations (4 in the North East and 6 in the North West), which are not formally required to report annually on their capacity in terms of French-speaking human resources.

Region		Employees with French language skills	Employees required to provide services in French	Variance	Percentage of employees with French-language skills compared to employees required for FLS
North East	Algoma	27	97	-70	28 %
	Cochrane	148	136	+12	109 %
	Sudbury-Manitoulin-Parry Sound	56	69	-13	81 %
	Nipissing-Temiskaming	125	155	-30	81 %
North West	City of Thunder Bay	14	29	-15	48 %
	Kenora District	-	-	-	-
	Rainy River District	-	-	-	-
	Thunder Bay District	6	22	-16	27 %

The observations that can be drawn from the table are as follows:

- After subtracting the number of employees required to provide services in French from the number of employees with French- language skills for each of the regions, negative variances are considerable for each of the regions where the data was available, with the exception of the Cochrane District.
- As was the case in the previous table, the Algoma and Thunder Bay District regions have variances that rank among the most unfavorable.
- Due to the large number of non-identified organizations in the four regions of the North West, only 20 employees with French- language skills were counted, which represents only 39.2% of the number of employees required to provide services in French.



ACTIVE OFFER

As part of this analysis, active offer is measured by an organization's ability to provide services in French both over the phone and in person (at reception and overall services). In fact, health service providers must inform their clients from the very first point of contact that they offer services in French. These French-language services must be of equivalent quality to those offered in English.

In the annual French language services report that health service providers must complete, each identified or designated organization must indicate, for each designation requirement, whether the requirement is completed, in progress, not started, or not applicable.

Two of these requirements pertain to the active offer, telephone services and services provided at reception. The designation requirements for the year 2023-2024 are as follows (note that these requirements have slightly changed since 2022-2023, but they remain essentially very similar):

- **Telephone services:** All telephone services, including voicemail messages and interactive response systems, are actively offered in French.
- **Reception and services:** French-language services are actively provided by the organization at all points of contact. Clients who choose to be served in French are identified from the very first interaction with the organization, and continue to receive services in this language at each step, without having to request them.

The following tables show the status of these two designation requirements in 2022-2023 for organizations providing mental health and addiction services in each of the regions included in this report.



Telephone services							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% completed
North East	Algoma	6	0	4	1	1	66.67 %
	Cochrane	8	0	8	0	0	100.00 %
	Sudbury-Manitoulin-Parry Sound	3	2	2	1	0	66.67 %
	Nipissing-Temiskaming	4	0	4	0	0	100.00 %
North West	City of Thunder Bay	3	3	3	0	0	100.00 %
	Kenora District	0	5	-	-	-	-
	Rainy River District	0	4	-	-	-	-
	Thunder Bay District	2	2	2	0	0	100.00 %

Reception and services							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% completed
North East	Algoma	6	0	3	2	1	50.00 %
	Cochrane	8	0	8	0	0	100.00 %
	Sudbury-Manitoulin-Parry Sound	3	2	2	1	0	66.67 %
	Nipissing-Temiskaming	4	0	4	0	0	100.00 %
North West	City of Thunder Bay	3	3	3	0	0	100.00 %
	Kenora District	0	5	-	-	-	-
	Rainy River District	0	4	-	-	-	-
	Thunder Bay District	2	2	2	0	0	100.00 %



The analysis of the two previous tables lead to certain observations:

- The Algoma region has the lowest percentage of health service providers having completed both designation requirements, with a rate of 66.67% and 50%. The Sudbury-Manitoulin-Parry Sound region follows closely, with a percentage of 66.67% in both cases.
- Four regions show percentages of 100% for both requirements: Cochrane, Nipissing-Temiskaming, the City of Thunder Bay as well as the District of Thunder Bay.
- Of the designated or identified organizations in the North East, 17 of 20 indicated "completed" on the telephone services requirement, compared to 16 of 20 for the requirement related to reception and services.
- Among the designated or identified organizations in the North West, 3 out of 3 indicated "completed" for the requirement related to telephone services, as with the requirement relating to reception and services (3 out of 3). However, it is important to note that these three health service providers represent only a small proportion (23.1%) of all mental health and addiction service providers in the North West, given that 10 other health service providers are non-identified.



The annual French language services report also include the following question: "What do you do when you receive a request for French language services? ". The mechanisms in place when services in French are requested are listed by region in the following table.

Mechanisms in place when services in French are requested								
	Region	Number of HSPs	A caregiver, volunteer or staff member acts as an interpreter	A professional interpretation services offered	We match clients with staff members who have French-language skills	Clients are referred to another HSP	Clients are referred to another HSP offering services in French	We inform clients that we are unable to offer services in French
North East	Algoma	6	0	3	2	1	50.00 %	
	Cochrane	8	0	8	0	0	100.00%	
	Sudbury-Manitoulin-Parry Sound	3	2	2	1	0	66.67 %	
	Nipissing-Temiskaming	4	0	4	0	0	100.00 %	
North West	City of Thunder Bay	3	3	3	0	0	100.00 %	
	Kenora District	0	5	-	-	-	-	
	Rainy River District	0	4	-	-	-	-	
	Thunder Bay District	2	2	2	0	0	100.00 %	



Analysis of the previous table can generate certain observations:

- In the North East, 27.3% of health service providers indicated that a “caregiver, volunteer or staff member acts as an interpreter”, compared to 31.8% who indicated that a “professional interpretation service is offered”. Note that no providers in the Cochrane region (0 of 8) indicated using interpretation from a “caregiver, volunteer or staff member” or using “a professional interpretation service”. However, all eight providers indicated that they match “clients with staff members who have French-language skills.” In the Algoma region, 4 out of 6 health service providers (66.7%) chose the answers “a caregiver, volunteer or staff member acts as interpreter” and “a professional interpretation service is offered”.
- A greater proportion of health service providers in the North West (46.1%) indicated they use “a professional interpretation service” compared to the North East (31.8%).
- In total, 80% of health service providers practice matching “clients with staff members who have French-language skills” (20 out of 22 in the North East and 8 out of 13 in the North West).
- Only one health service provider chose the answer “We indicate to our clients that we are not able to offer services in French”, i.e. a non-identified health service provider.
- No health service provider chose the option “clients are referred to another health service provider.”





CAPTURE OF THE LINGUISTIC IDENTITY

The use of the linguistic variable allows health service providers to identify Francophones, which then enables them to offer services in their language. Generally, the person's language is captured from the very first point of contact or at the time of registration with the health service provider. However, mental health and addiction organizations do not always use the same method of capturing the client's language; the question asked identifies either, "mother tongue," "preferred language," "official language spoken," etc.

When completing the annual French language services report, health service providers are required to answer the following question, "How do you identify your Francophone clients?" They must choose from a list of eight options. The following table summarizes how health service providers in the mental health and addiction sector responded to the question on the linguistic identity of their clients for each of the eight regions.



Capturing the linguistic identity

	Region	Number of HSPs	Mother tongue	Official language spoken	Official language in which most comfortable	Preferred language	Language spoken at home	We do not identify not Francophone clients	Clients self-identify as Francophone
North East	Algoma	6	0	1	1	2	0	0	6
	Cochrane	8	8	1	2	2	0	0	2
	Sudbury-Manitoulin-Parry Sound	5	2	2	2	2	1	1	5
	Nipissing-Temiskaming	4	2	2	2	2	0	0	1
North West	City of Thunder Bay	8	5	2	4	3	0	0	5
	Kenora District	5	2	1	1	2	0	0	5
	Rainy River District	4	1	1	0	2	0	0	4
	Thunder Bay District	4	3	0	2	1	0	0	2



As can be noted in the table, health service providers use different methods of capturing the linguistic identity of their clients. The following conclusions can be drawn:

- Only one health service provider indicated they do not identify Francophone clients. This health service provider is not identified.
- A large number of health service providers (68.6%) selected the option “clients self-identify as Francophone.” However, the interpretation of this question in the annual French language services report may vary from one health service provider to another. In fact, 14 organizations in the North East indicated that clients self-identify as Francophones. However, 8 of them also selected another option, suggesting that they were asking clients to identify their language in some way. 14 organizations use more than one option to identify Francophone clients. In the North West, of the 10 health service providers who chose the option, clients self-identify as Francophones, 6 of them selected another method of capturing the linguistic identity.
- In both the North East and the North West, “mother tongue” appears to be the most popular option for capturing linguistic identity (11 of 22 in the North East, and 7 of 13 in the North West, for a total of 51.4%), closely followed in both cases by “preferred language” (8 out of 22 in the North East, and 6 out of 13 in the North West, for a total of 40%), then by “official language in which they are most comfortable” (8 out of 22 in the North East, and 5 out of 13 in the North West, for a total of 37.1%) .
- In the North East, all 8 health service providers in the Cochrane region use “mother tongue”, compared to 0 of 6 in the Algoma region, but where all 6 health service providers indicate that “clients self-identify as being Francophone”.
- In the North West, all health service providers (6 out of 6) in the Kenora District and Rainy River District regions indicate that “clients self-identify as being Francophone.”
- Many of the health service providers do not use the questions recommended by the Joint Position Statement on the Linguistic Variable, instead asking their clients for their preferred language. Since the preferred language can change from one context to another without the clients having the chance to mention it to the staff members, it is important to use the linguistic variable questions, as a person’s mother tongue simply does not change.



DOCUMENTATION AND COMMUNICATIONS

In order to properly serve the Francophone population, designated organizations must ensure that the offer of services in French is indicated in all communications and documentation, including documents intended for clients, signs, posters, notices, website, press releases, brochures as well as social media content. Two of the designation requirements newly revised in 2023-2024 are as follows:

- Documents intended for clients: Admission forms and other documents intended for clients are available in French or in a bilingual format and are actively offered to Francophone clients. The English version of these documents must include a message in French to indicate that they are also available in French.

- Communications and publications for the public: Communications and publications intended for the public regarding services covered by the designation (e.g. brochures, public notices, press releases) are available simultaneously in English and French. The English version of these documents must include a message in French to indicate that they are also available in French.

The following tables indicate the status of these two requirements for the year 2022-2023 for mental health and addiction providers in the eight regions.

Documents intended for clients							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% complete
North East	Algoma	6	0	1	2	3	16.67 %
	Cochrane	8	0	8	0	0	100.00 %
	Sudbury-Manitoulin-Parry Sound	3	2	3	0	0	100.00 %
	Nipissing-Temiskaming	4	0	3	1	0	75.00 %
North West	City of Thunder Bay	3	3	3	0	0	100.00 %
	Kenora District	0	5	-	-	-	-
	Rainy River District	0	4	-	-	-	-
	Thunder Bay District	2	2	2	0	0	100.00 %



Communications and publications for the public							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% complete
North East	Algoma	6	0	2	2	2	33.33 %
	Cochrane	8	0	8	0	0	100.00 %
	Sudbury-Manitoulin-Parry Sound	3	2	2	1	0	66.67 %
	Nipissing-Temiskaming	4	0	3	1	0	75.00 %
North West	City of Thunder Bay	3	3	3	0	0	100.00 %
	Kenora District	0	5	-	-	-	-
	Rainy River District	0	4	-	-	-	-
	Thunder Bay District	2	2	2	0	0	100.00 %

The analysis of these two tables leads to the following observations:

- In the North East, the Cochrane region has the highest number of health service providers who indicated the option "complete" for both documentation and for communications and publications (100% in both cases), followed by the regions of Sudbury-Manitoulin-Parry Sound (100% and 66.67%) and Nipissing-Temiskaming (75% in both cases). The Algoma region ranks last in terms of both requirements, showing percentages of 16.67% and 33.33%. It should be noted that only designated or identified organizations are included in the percentage shown in the "% complete" column.
- In the North West, all designated or identified organizations selected the "completed" option for both documentation communications/publications. Again, it is important to note that these three health service providers represent only a small percentage (23.1%) of all mental health and addiction providers in the North West, given that 10 other health service providers are non-identified.

CONCLUSION AND RECOMMENDATIONS

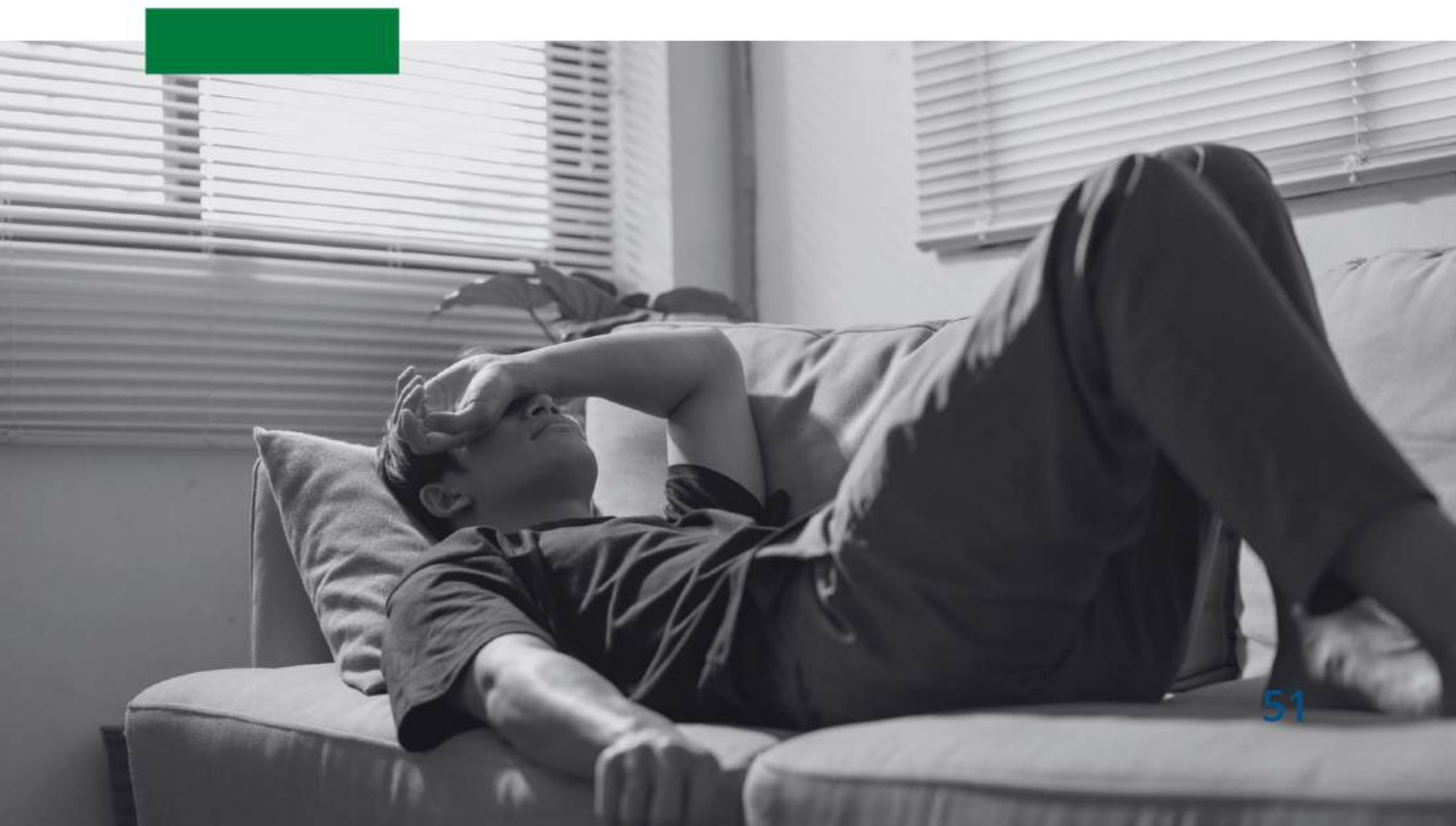


Analysis of the data collected as part of this study makes it possible to draw conclusions and put forward recommendations. Some of these observations have been addressed earlier in the report, but will still be revisited in this section to better consolidate the recommendations. It is important to note that these recommendations will be used to guide the work of the Réseau through its interactions with government authorities, namely the Ontario Ministry of Health, Ontario Health, Ontario Health North, its partners as well as health services providers.

RECOMMENDATIONS TO SHARE WITH GOVERNMENT AUTHORITIES

Include regional data collection as part of the annual French-language services for organizations covering more than one region to ensure better planning of French-language health service delivery.

Data analyzed in this study allows for some conclusions to be drawn regarding French-language health services in each region. However, many of the health service providers included in the study are regional organizations that serve more than one region. The annual French language services report does not capture individual data by region, making it more difficult to compare regions, draw conclusions, and propose specific recommendations for each region. A modification to the annual French language services report, allowing for data to be collected for each region, would enable us to better understand the gaps in French-language health services and better plan for the provision of French-language services. This change would allow us to divide the data for regional organizations and better identify the gaps in the different regions.



Ensure that all mental health and addiction service providers use the linguistic variable to capture the linguistic identity of their clientele, and integrate this information into the provincial tools used by the sector to collect client information, such as DATIS.

Addiction sector organizations are required to provide routine information to DATIS, which is used to identify current trends and provide demographic information about individuals using addiction services in Ontario.

As outlined in the section on capturing the linguistic identity, health service providers do not necessarily use the linguistic variable to identify their clients' linguistic identity (specifically, 68.6% of sector health service providers mentioned that "clients self-identify as Francophone"). Many providers only ask clients for their preferred language, which does not guarantee that French-language services are offered to Francophone clients. In fact, because preferred language may change depending on the context and clients may not have the opportunity to mention it to staff, it is important to use the more specific linguistic variable questions that better capture clients' linguistic identity. This is particularly relevant for newcomers whose mother tongue is neither French nor English. Capturing the official language these individuals wish to use is crucial.

Data on the number of visits by Francophone clients and the number of Francophone clients show that some health service providers fail to capture their clients' linguistic identity. In fact, many providers report a high number of clients, yet no Francophone clients, which is unlikely for the communities they serve. This negatively impacts the reliability of the data.

Capturing the official language these individuals wish to use is essential. Using the linguistic variable questions to capture clients' linguistic identity also allows for better planning of French-language health services based on accurate data.

Enhance language capacity by expanding access to the Ministry of Health's language training reimbursement program to include healthcare professionals with a basic level of French.

Providing equitable services to diverse populations is a core principle of the Ministry of Health. In the Northern region, efforts to enhance French-language knowledge, training, and skills are critical to address inequities and overcoming barriers to care for Francophones. Offering French-language courses aimed at fostering bilingualism among staff will significantly enhance the capacity to serve Francophone populations. Supporting training of health service providers staff will help build a more robust health workforce. Intensive basic French courses and medical terminology training for healthcare professionals are vital tools to improve the quality of medical communication and to foster a more inclusive organizational culture.

Currently, only healthcare professionals who have reached an intermediate level of French and who work directly with patients or clients are eligible for the reimbursement program for French-language training.



Analyze the health of Francophone populations and the healthcare system through a Francophone lens.

Currently, there is limited information available on the health status of Francophones in minority situations or their use of healthcare services, including digital health services. As a result, it is difficult to determine how many Francophones have access to a family doctor or whether certain illnesses are more prevalent within Francophone communities. This lack of comprehensive data presents a significant challenge, as it limits the ability to assess the health needs of Francophone individuals and communities. It also hinders effective planning of healthcare services that address the unique needs of this population.

Collaboration with the Ministry of Health, Ontario Health, Ontario Health Teams, public health units, and post-secondary institutions, and other stakeholders is crucial to collect and analyze data on French-language services. This data is essential to support French-language health systems planning by generating evidence, creating technical reports and developing infographics that highlight key findings.

Implement a bilingual navigator model (French/English) to improve access to mental health and addiction services for Francophone Populations.

The mental health and addiction sector is fragmented, with services distributed across various community organizations, healthcare professionals, and public institutions. These challenges are amplified for Francophone populations, who face linguistic barriers and limited access to appropriate resources, especially for Francophones living in rural and remote areas. A bilingual navigator model (French/English) helps to reduce language barriers by offering assistance in French to prevent misunderstandings and improve communication between clients and health service providers; enhance care coordination by connecting different healthcare system actors (hospitals, community services, home care, etc.) for seamless and effective care; and promote client autonomy by providing users with the resources and knowledge necessary to manage their health in the long-term.

Add a specific question to the provincial OPOC-MHA tool (Ontario Perception of Care for Mental Health and Addictions) to assess the quality of French-language service delivery. This question will help better understand the experience of Francophone clients and collect essential data to guide the continuous improvement of services.

For the assessment of the quality of French-language service delivery, such as a survey, the mental health and addiction sector uses the provincial OPOC-MHA tool, which does not ask a clear question to assess the quality of services in French.

The current question is: “The staff were sensitive to my cultural needs (religion, language, ethnicity, and race).”

The OPOC-MHA tool is a standardized means of collecting client feedback on the quality of care received in community and hospital settings. The client’s voice thus becomes a source of evidence to support efforts to improve the quality and equity of the program, agency, and system.

The inclusion of this question will:

- Promote a specific assessment of the needs and expectations of Francophone clients;
- Help ensure equitable service delivery aligned with the Ontario French Language Services Act;
- Provide evidence to identify gaps and strengthen organizational capacity in French-language services.

RECOMMENDATIONS ON WHICH THE RÉSEAU CAN ACT

Facilitate the sharing of best practices among health service providers to enhance the delivery of French-language health services.

Many health service providers have developed effective strategies for offering services in French, whether in terms of documentation and communications or the active offer of French-language services in general. For instance, some health service providers mandate the “Active Offer of French-language Health Services: Why and How to Implement It” online training for all their employees, which is an excellent practice in terms of active offer. Sharing best practices like this would allow other providers to adopt new ways of operating to better serve the Francophone population.

Sharing best practices like this one would enable some health service providers to implement new ways of doing things to better service Francophone clients.

Develop strategies to ensure that clients’ linguistic identity is consistently communicated when referring clients to other mental health and addiction service providers.

The linguistic identity information collected about clients’ is not always systematically shared when a client is referred to another health service provider. This lack of communication complicates care coordination and navigation for Francophone clients, increasing the risk that some may not receive services in their language. As a result, this can compromise quality and safety of care.

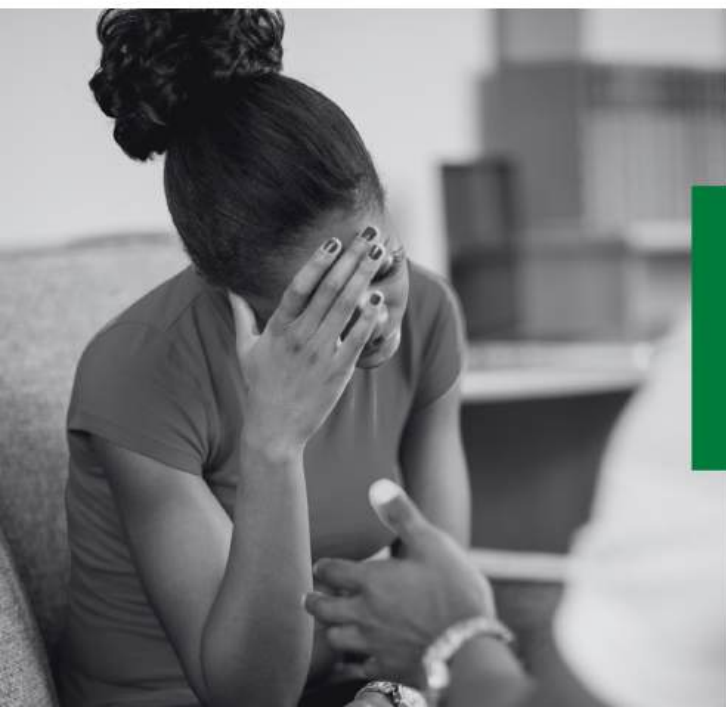
Increase the availability of services in French (active offer, training, retention, referrals) through the six actions of the Winning Strategies to promote a more effective and accessible active offer of French-language health services for Francophones.

The Winning Strategies initiative for serving Francophone clients offers health service providers the opportunity to implement six simple actions aimed at improving access to French-language services and promoting an active offer of accessible French-language services in line with the requirements of the annual French-language services reports.

Make mandatory the complementary module to the active offer training for professionals and organizations in the mental health and addiction sector: “Services Adapted to the Francophone Clientele in the Mental Health and Addictions Sector.”

Active offer aims to make French-language health services accessible at all times. Raising awareness and mobilizing healthcare professionals about the importance of a proactive and tailored approach to their sector ensures an effective and contextually appropriate active offer for the Francophone population.

To maximize the impact of the complementary module on active offer in the mental health and addiction sector, it is essential to identify and mobilize key networks, including hospitals, clinics, community organizations, and social services, by creating a directory of contacts and establishing strategic partnerships. The module should be shared through continuing health education platforms, interactive webinars, and specialized conferences, while targeting decision-makers and managers to encourage systematic implementation within teams. It would be beneficial to add this module to existing active offer training in healthcare institutions by closely collaborating with those responsible to update the content. Finally, a partnership with professional bodies, such as those of psychologists, social workers, and nurses, would make it possible to integrate the module into their continuing education requirements, while having it recognized as an accredited training course for widespread and sustainable adoption.



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APPENDIX 1

Health Service Providers in the North East		
Region	Health service provider	Designation status
Algoma	Algoma Family Services / Services aux familles d'Algoma	Identified
Cochrane et Nipissing- Temiskaming	Canadian Mental Health Association - Cochrane- Timiskaming / Canadian Mental Health Association - Cochrane-Timiskaming	Fully designated
Nipissing-Temiskaming	Canadian Mental Health Association, North Bay and District	Fully designated
Algoma	Canadian Mental Health Association - Sault Ste. Marie Branch / Association canadienne pour la santé mentale - Sault Ste. Marie	Identified
Sudbury-Manitoulin-Parry Sound	Canadian Mental Health Association - Sudbury/Manitoulin / Association canadienne pour la santé mentale - Sudbury Manitoulin	Fully designated

Algoma	Algoma Substance Abuse Rehabilitation Centre (Breton House) / Centre de réadaptation pour toxicomanes du district d'Algoma	Identified
Cochrane	Centre Jubilee Center - Cor Jesu Rehabilitation Centre of Timmins Inc.	Partially designated
Nipissing-Temiskaming	Community Counselling Centre of Nipissing	Fully designated
Sudbury-Manitoulin-Parry Sound	Counselling Centre of East Algoma	Identified
Algoma	Ken Brown Recovery Home	Identified
Cochrane	Maison Renaissance de la Réhabilitation	Fully designated
Algoma	Manitoulin Family Resources Inc.	Non-identified
Cochrane	Minto Counseling Center (now amalgamated with CMHA Cochrane-Timiskaming)	Fully designated
Sudbury-Manitoulin-Parry Sound	Monarch Recovery Services	Fully designated
Sudbury-Manitoulin-Parry Sound	Muskoka Parry Sound Sexual Assault Services (SAIL)	Non-identified

Cochrane	North Cochrane Addiction Services Inc. / Services de toxicomanie Cochrane nord inc.	Fully designated
Nipissing-Temiskaming	Pavilion Women's Centre	Fully designated
Algoma	Phoenix Rising Non-Profit Homes Inc. (report not completed)	Identified
Cochrane	Reflexion - Wellness Services	Fully designated
Cochrane	South Cochrane Addictions Services Inc. / Services de toxicomanie Cochrane-Sud inc. (now amalgamated with CMHA Cochrane-Timiskaming)	Fully designated
Cochrane	Timmins Family Counselling Centre / Centre de counselling familial de Timmins	Fully designated
Algoma	Women In Crisis Incorporated/Women's Outreach Program	Identified
Cochrane	North Cochrane Addiction Services Inc. / Services de toxicomanie Cochrane nord inc.	Fully designated
Nipissing-Temiskaming	Pavilion Women's Centre	Fully designated

Health Service Providers in the North West

Region	Health service provider	Designation status
City of Thunder Bay	Alpha Court Non-Profit Housing Inc.	Non-identified
Rainy River District	Canadian Mental Health Association - Fort Frances Branch	Non-identified
District of Kenora and District of Rainy River	Canadian Mental Health Association - Kenora	Non-identified
District of Thunder Bay and City of Thunder Bay	Canadian Mental Health Association- Thunder Bay Branch	Identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Centre for Education and Research on Aging and Health (CERAH)	Non-identified
Kenora District	Changes Recovery Homes	Non-identified
City of Thunder Bay	Children's Centre Thunder Bay	Identified
City of Thunder Bay	Crossroads Centre Inc.	Non-identified
District of Kenora and District of Rainy River	Kenora Association Community Living	Non-identified

Kenora District	Kenora Sexual Assault Centre	Non-identified
Thunder Bay District	People Advocating Change Through Empowerment (PACE) Inc.	Non-identified
City of Thunder Bay	Sexual Abuse Centre (Thunder Bay)	Non-identified
Thunder Bay District	Thunder Bay Counselling Centre	Identified

APPENDIX 2

Ontario Health Teams in the North	
Name of the OHT	Community served
North East	
ÉSO bien-être du Nipissing Wellness OHT	Promote continuity of care between providers in Nipissing and East Parry Sound.
ÉSO Algoma OHT	Promote continuity of care between providers in the Algoma District.
ÉSO District of Cochrane OHT	Promote continuity of care between providers in Chapleau, Cochrane, Matheson, Iroquois Falls, Hearst, Hornepayne and Missinabie, Kapuskasing, Smooth Rock Falls and Timmins.
ÉSO des régions du Timiskaming Area OHT	Promote continuity of care between providers in the Timiskaming district and surrounding areas
ÉSO Sudbury Espanola Manitoulin Elliot Lake OHT	Promote continuity of care between providers in Greater Sudbury and Sudbury East, as well as in Espanola, Manitoulin, Elliot Lake, and surrounding areas.
Maamwesying OHT	Supporting a continuum of care within the communities of Atikameksheng Anishnawbek, Sagamok Anishnawbek, Serpent River First Nation, Mississauga First Nation, Thessalon First Nation, Garden River First Nation, Batchewana First Nation, Michipicoten First Nation, Chapleau Cree First Nation, Brunswick House, and Chapleau Ojibway, as well as the Urban Indigenous population in Sault Ste. Marie.

West Parry Sound OHT	Supporting a continuum of care with providers across the eastern shore of Georgian Bay from the northwest corner of Muskoka, to the French River, and inland along the Highway 11 corridor.
North West	
Kiwetinoong Healing Waters OHT	Promote continuity of care between healthcare providers in Dryden, Red Lake and Sioux Lookout.
Noojmawing Sookatagaing OHT	Promote continuity of care between healthcare providers in the City and District of Thunder Bay.
Rainy River District OHT	Promote continuity of care between providers in the Rainy River District.
All Nations Health Partners OHT	Supporting a continuum of care with providers in Kenora and Sioux-Narrows-Nestor Falls.