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CHAMPLAIN HEALTH REGION

PORTRAIT OF HEALTH SERVICE NEEDS FOR FRANCOPHONE CHILDREN AND YOUTH AND THEIR FAMILIES

Prepared for the Ontario Health Team
Kids Come First

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EXECUTIVE SUMMARY

INTRODUCTION

This study was conducted following the THRIVE Report to provide an overview of the health and social services needs for Francophone children and youth (ages 0 to 18) and their families in the Champlain health region.

METHOD

To achieve this goal, four sectoral studies were conducted to attain the following specific objectives:

- Develop an interactive platform to provide users with key data concerning the target population.
- Provide a portrait of the target population, including sociodemographic variables and determinants of health.
- Identify the health and social service needs and identify gaps.
- Provide a portrait of the ability of health and social service providers (HSPs) to offer services to the target population.
- Make recommendations to improve the situation.

To that end, a consultation process concerning health and social service needs was organized to determine the views of service users (clients and family members), health and social service professionals and managers. This data was collected through two surveys and several focus groups. These activities were key to describing the current situation and the desired changes to improve the health and social services situation for children, youth and their families.

This work was carried out from the winter of 2020 to the spring of 2021, in cooperation with an advisory committee made up of representatives of the member organizations of the Kids Come First health team offering French-language services in the Champlain region.

RESULTS

The interactive platform developed presents data in a cartographic format and in tables. It provides an overview of needs using sociodemographic data and some data from studies. It also provides an overview of services by listing service providers and their ability to offer services in French.

The availability and quality of health and social services in the region for Francophone children and youth and to their families were estimated based on a qualitative assessment by health and social service professionals and managers who took part in the survey and focus groups.

Particular attention was paid to mental health and addiction (MHA) services and services for children with complex medical needs (CMN).

To determine the findings concerning the current situation of services and to identify gaps compared to a desirable situation, the comments gathered from survey respondents and focus groups were divided by themes. Those themes stem from the main trends concerning positive aspects, the main obstacles to proper services and suggested improvements for MHA and CMN services.

The seven themes stemming from that process are as follows:

- Integration, coordination and trajectories
- Referral and navigation
- Financial and material resources
- Community promotion, prevention and support
- Access and wait times
- Availability and organization of services
- Recruitment, support and development of human resources

The portrait of the ability of providers to offer services in French was established based on the results of the survey of HSPs. This allowed for an estimate based on an inventory of services offered, service delivery methods and regions served. This ability was also established for active offer practices and quality

assurance mechanisms adopted by HSPs for French-language services.

The human resources capacity was studied by estimating the number of positions assigned to direct client services, calculated in full-time equivalents filled by staff with the language skills needed to offer services in French.

The interpretation of the results of the four sectoral studies led to the following findings:

- A segmentation, dispersion and lack of awareness of FLS
- Gaps in the adoption and implementation of organizational practices that promote the delivery of FLS
- Numerous factors that have a multiplying effect on difficulties accessing FLS
- A need to optimize human resources in a context of limited resources when demand is growing and becoming more complex
- A need for an FLS information system to monitor changes in health and social service needs
- The disparity in funding between community services and acute care services, or the instability of funding that compromises the planning and development of services

RECOMMENDATIONS

Most findings reveal a lack of integration of services. This leads directly to an increase in the gaps in services. These findings led to the following recommendations to health and social service providers and those responsible for regional planning, in a perspective of cooperation and coordination of FLS:

- Prioritize the offer of a range of MHA and CMN services.
- Develop the ability to refer clients to MHA and CMN services available in French.
- Develop and implement an FLS plan based on recognized practices anchored in the principles of active offer concerning MHA and CMN.
- Develop service access practices that reflect the geographic realities and availabilities of clients with MHA and CMN needs.
- Develop active and passive mechanisms that allow for feedback loops concerning MHA and CMN.
- Develop an updated MHA service and communication strategy that reflects digital trends.
- Develop a regional strategy for sharing and optimizing human resources.
- Develop a regional strategy for recruiting, retaining and developing human resources in cooperation with HSP partners.
- Prioritize stable and recurring funding for the coordination and offer of FLS in MHA and CMN.
- Include HSPs that offer most or all services in English in the regional strategies for cooperation and coordination of care services in French.
- Support parents and siblings through MHA and CMN support and respite services.
- In cooperation with youth and families, develop a plan for transition to adult MHA and CMN services.

FINAL COMMENT

This report describes the current situation for French-language health and social services for children, youth and their families and the problems that affect the delivery of their health care in the Champlain region.

The main limitation of this study is related to the number and geographic representation of survey respondents and focus group participants. Despite this limitation, this study provides new information on health and social services for the Francophone population in the Champlain region. These results

contribute to the gradual development of a system of coordinated services around the current ability of HSPs to offer services in French in the region.

FOREWORD

ABOUT OZI

OZi was created in 2014 by the Réseau des services de santé en français de l'est de l'Ontario (RSSFEO) to resolve the shortage of information in the health system concerning the capacity to offer French-language services.

Today, OZi is an independent non-profit corporation that specializes in the development and exploitation of strategic information aimed at improving the functioning of public contracts, particularly those that involve the delivery of services in minority languages. More specifically, OZi:

- creates shared understandings of public service contracts;
- gathers, analyzes and interprets data relevant to the supply and demand of public contracts for services in minority languages;
- encourages and facilitates collaborative dialogue between the two sides of public contracts to harmonize the supply and demand of health services.

OZi also works in several provinces and Francophone communities in Canada.

- In Ontario, over 1,500 organizations, including health service providers, regional health authorities, organizations that plan health services in French and the Department of Health use an information solution created by OZi to standardize the collection and analysis of relevant data on health services in French throughout the provincial health system.
- In Manitoba, OZi has created a custom solution to serve as a planning and management tool for three-year plans for FLS from regional health authorities.
- In Saskatchewan, OZi will be deployed in 2021 with priority on the identification and indexing of human resources able to offer FLS.
- OZi also works with several health service providers, research institutes and health networks in the implementation of tools, the acquisition and analysis of data and studies concerning French-language services.

OZi has the expertise and experience needed to help official language minority communities and public administrations determine together how to harmonize the supply and demand of services in dynamic public markets that are constantly changing.

INTRODUCTION

BACKGROUND

The "Kids Come First" Health Team includes 61 organizations that work together to improve health services for children, youth and families in Eastern Ontario. In 2017, a report on the health of children and youth in the Champlain Region (THRIVE Report) contained several references to the needs of Francophones, Indigenous peoples and other marginalized communities that could not be assessed due to a lack of data.

To allow the "Kids Come First" Health Team to make informed decisions concerning the health of Francophone youth, it is essential that relevant data be gathered and analyzed directly from the target group. The Health Team therefore mandated its Francophone committee to select a firm to conduct a study of data to paint a picture of health service needs for Francophone children and youth and their families. The Francophone Committee chose OZi for that purpose.

OBJECTIVE

The objectives of this report are informational and illustrative. For the Champlain Health Region, this report aims to:

- provide a portrait of health service needs for Francophone children, youth and their families;
- provide a portrait of the capacity of health and social service providers to offer French-language services for francophone youth;
- summarize the gaps to be addressed.

This study follows up on the THRIVE Report and the health and social services in question are those that were also included in that report. Particular attention has been paid to two specific health issues: mental health and addictions, and complex needs.

To achieve these objectives, a series of activities were carried out at the same time, in a concerted manner. The goal of each activity was to explore a specific aspect of the topic at hand. These activities helped paint the picture of needs, supply and issues resulting from those gaps.

During this study, an interactive platform was created, making it possible in the short term and in the future to access, compile, analyze and maintain data concerning the health of Franco-Ontarian youth.

The pictures of needs and the presentation of the interactive platform are included in this report.

CHAPTER 1: METHODOLOGY

This review was conducted following the THRIVE Report and is aimed at painting a picture of the health and social services needs for Francophone youth (ages 0-18) and their families in the Champlain Region.

To achieve this, the study aims to:

- develop an interactive platform to provide authorized users with access to key data concerning the target population;
- paint a picture of the target population, including sociodemographic variables, health determiners, health condition and well-being by region, age, sex, etc.;
- identify the needs for Francophone children and youth and identify the gaps in services;
- paint a picture of the capacity of providers to offer health and social services for Francophone children, youth and their families;
- summarize the gaps to be addressed and make recommendations.

Given the specific nature of the goals of this study (main study) and the diversity of methodologies to be used to achieve them, these objectives were a starting point for the development of four sectoral studies.

ORGANIZATION OF THE MAIN STUDY

The main study was sub-divided into four sectoral studies.

Sectoral study 1

Title
Dynamic portrait of the needs and supply of health services on a cartographic platform.

Objectives
The objective of this component is to paint a picture of the supply and demand for health and social services for Francophone children and youth (ages 0-18) in an interactive format using cartography or tables on an online platform. This objective has two sub-elements:

- Paint a picture of demand using sociodemographic data and data from studies.
- Paint a picture of supply using data from a survey of service providers prepared for this component.

Study plan

This sectoral study is based on public data available at the time of the research. Thus, data from Statistics Canada, various studies and providers were gathered and analyzed to be superimposed on geographic regions conducive to cartography.

This sectoral study is also based on a survey of service providers in the region. The identified providers thus answered a questionnaire that identified services and practices in terms of French-language services. Some missing data was added through online research.

The methodological details and results of the study are presented in Chapter 2.

Sectoral study 2

Title
Portrait of service needs.

Objectives
The objective of this study is to paint a picture of health and social service needs for Francophone children and youth (ages 0-18) and their families from the point of view of users, providers and managers of the services.

The specific objectives are to:

- assess the availability of health and social services offered to Francophone children and youth and their families;
- assess the quality of French-language health and social services offered to Francophone children and youth and their families;
- assess the quality of mental health and addictions (MHA) services and services for children with complex medical needs (CMN).

Study plan
To achieve these objectives, a questionnaire was sent out to providers and users of services offered to Francophone children and youth and their families. The respondents to the questionnaire provided the information needed to paint a picture of the availability of and access to these services. The lack or insufficiency of services identified in this were considered as signs of service needs.

It was also possible to inquire about problems that could affect the quality of the French-language services using certain results from the THRIVE Report. Given their importance, particular emphasis was placed on the assessment of the quality of MHA services and services for children with CMN.

The methodological details and results of the study are presented in Chapter 3.

Sectoral study 3

Title
Portrait of the capacity to offer services.

Objectives
The main objective is to paint a picture of the capacity of providers to offer health and social services for Francophone children and youth (ages 0-8) in the Champlain Region.

There are two specific objectives:

- Assess:
  - the capacity to offer French-language services for all service providers by studying organizational practices related to the offer of French-language services; and
  - the capacity of human resources to offer services in French.
- Develop a directory of available services and the language in which those services are available.

Study plan
To determine the supply of French-language services, data needed to be gathered from service providers in the Champlain Region. A questionnaire was set out through the OZi platform to service and care providers to gather information on the services they offer.

The data collection targeted the largest number possible of health and social services providers.

The methodological details and results of the study are presented in Chapter 4.

Sectoral study 4

Title
Portrait of the needs and demand for MHA and CMN services.

Objectives
The main objective is to identify the needs of Francophone youth in the Champlain Region in terms of MHA and CMN in order to plan and develop services. We can thus identify the following two specific objectives:

- Determine the MHA needs of Francophone youth in the Champlain Region in terms of MHA.
- Determine the CMN needs of Francophone youth in the Champlain region.

Study plan
To achieve the two specific objectives, the preferred methodological approach is based on a qualitative perspective. More specifically, it is a survey conducted by means of semi-guided focus groups to foster the emergence and expression of participants' needs.

The methodological details and results of the study are presented in Chapter 5 and 6.

Conclusion

The concluding chapter provides a summary of the findings and recommendations from the four sectoral studies.

STUDY LIMITATIONS

The participation rate of the survey was not consistent among service providers based on the language of service delivery. The response rate was much higher among providers who offer services in French. It must be noted that all providers take part in the capacity and coordination of the supply of French-language services, either through the organized supply of French-language services, in a timely manner, or by directing Francophone clients to providers who are able to serve them.

Due to time constraints, the survey questionnaire concerning the portrait of service needs was sent to professionals and managers but not to users of the services or their families. However, health and social service managers and professionals had the flexibility of responding as service users when they also fell into that category.

CHAPTER 2: DYNAMIC PORTRAIT OF SUPPLY AND DEMAND FOR SERVICES ON A CARTOGRAPHIC PLATFORM

OBJECTIVE

The objective of this sectoral study is to provide a portrait of the supply and demand for health and social services for Francophone youth (ages 0-18) in a dynamic format using cartography and or tables on an online platform. This objective has two sub-elements:

- Paint a picture of demand using sociodemographic data and data from studies.
- Paint a picture of supply by presenting data, in cartographic directory form, from a survey of service providers.

This chapter is divided into three sections: an overview of the organization of the cartographic platform, the data concerning demand (data from studies and sociodemographic data) and data from providers.

THE INTERACTIVE PLATFORM

The interactive platform is an online tool that allows users to explore certain data concerning population, determinants of health, study results, and health service providers. These data are detailed on different scales, both locally and regionally. It complements this report, which studies all the results of the sectoral studies.

Available online using a browser, this platform offers two modes for viewing data:

- The cartographic format, showing indicators and points of service by geographic region
- The table format, showing the data as such

The interactive platform will need to evolve as new data is added, as new geographic regions are defined, and as the software is updated. This chapter thus provides a brief overview of the platform with the data that has previously been entered.

Layers

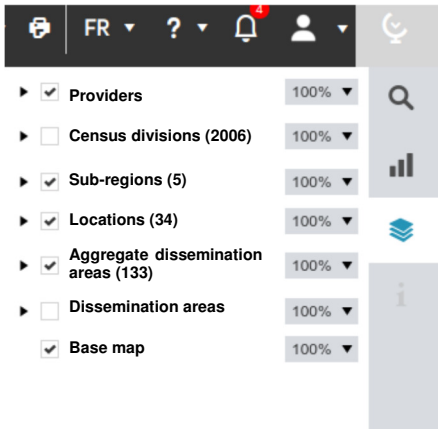
The data presented on the platform are associated with layers. Each layer represents either data by points (a location, for example, of a provider's point of service) or by geographic regions. Thus, the area of the Champlain Health Region has been subdivided as follows:

- 5 sub-regions, in accordance with the current provisions of the Champlain LHIN
- 34 locations in accordance with the practice of the Champlain LHIN
- 133 aggregate dissemination areas, defined by Statistics Canada (adopted in 2016)
- Nearly 2,000 dissemination areas, as defined by Statistics Canada (2016)
- 6 census divisions, defined by Statistics Canada. Note that the census divisions do not correspond to the boundaries of the Champlain area and that there is an overlap with neighbouring health regions

The data gathered during this sectoral study that could be associated with one of the geographic regions mentioned were integrated into the platform. It must be noted that the data gathered was not all available at all geographic levels.

Users can choose the layers to be viewed by activating the layer menu and selecting the layers to be displayed, as shown in Figure 1.

Figure 1: Selection of layers to be displayed on the interactive platform



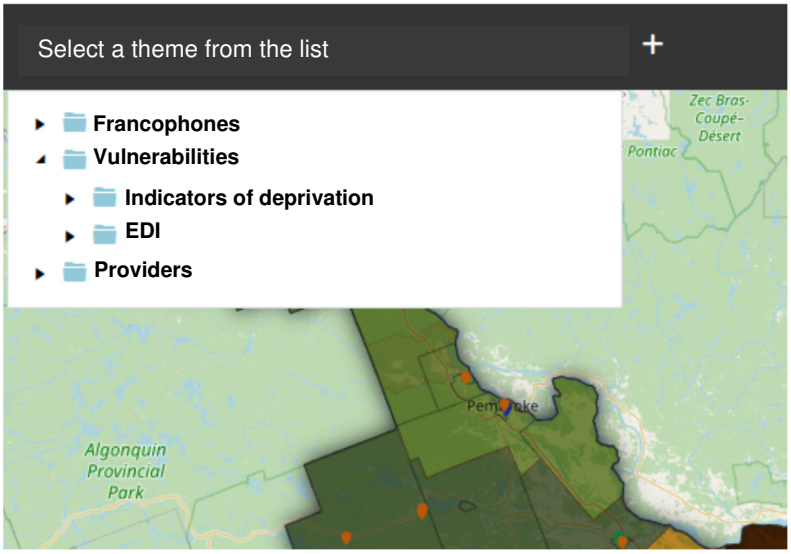
Themes

Users can choose how to view data by creating a new analysis theme and choosing the layer and data to be displayed. Among other things, the data can be viewed with:

- the intensity of colour for a region weighted by the value of the indicator selected;
- the size of the points weighted by the value of the indicator selected;
- bar graphs showing more than one value.

Some themes have been pre-set on the platform. To access them, users must click on "Choisir un jeu de thématiques…" [Select a theme] and select the theme from the dropdown list, as shown in Figure 2.

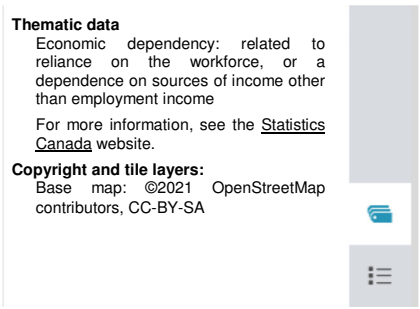
Figure 2: Choosing a theme



Metadata

Data sources and their definitions are indicated in the lower right panel by activating the metadata tab, as shown in Figure 3. In several cases, the information concerning the methodology of the study from which the data comes is presented as a link to the website of the original study when available.

Figure 3 Displaying metadata



DATA ON DEMAND FOR SERVICES

Choosing data

This portion of the study is based on public data available at the time of the research. Several data sources were studied and chosen based on their relevance and availability. Four variables were considered in establishing the relevance of the data:

- The age of the subjects, who must be 0 and 18 years old
- The language spoken by the subjects, often expressed as the mother tongue
- The theme, i.e., health or related variables, such as determinants of health
- The geographic region, to a level specific enough to be able to observe nuances in the Champlain Health Region

The following data sources were analyzed:

- Sociodemographic data from the 2016 Census of Population: these data include the distribution of the Francophone population, age groups and determinants of health due to the population's environment
- Data from studies of youth health
- Data from governments on the use of services
- Data from organizations offering health and social services on the use of their services

Several challenges were encountered when querying the data:

- At the federal level: Some federal organizations like the Canadian Institute of Health Research (CIHR) are directly or indirectly involved in gathering and analyzing health data. However, according to communications with the CIHR, access to data sources falls on health institutions and provincial governments, and are therefore not available through federal organizations.
- At the provincial level: Few data sets proposed by the Ontario government are publicly accessible for various reasons. When contacted to request access, there was a lack of coordination between departments responsible for health, and the requests were not filled.

- With health providers: Communications with certain service providers indicate that there are issues concerning data availability (they are not gathered) and data access (they are hard to access and use).
- The linguistic variable: In most data sets that were identified, federal and provincial, the linguistic variable is not presented. This finding is similar to what was reported in the THRIVE report.
- Processing times: Many of the data sets developed in other studies were not processed (e.g., anonymized, filtered, aggregated) to be used for other purposes. Thus, to access those data, a request must be submitted and a certain time allowed for processing it. This can take months.
- The context: During the pandemic, the health system was greatly tested and the resources assigned to processing data are more concerned about data related to the pandemic.

Despite these challenges, the following data sources will be available for the needs of the data viewing tool:

- Census 2016,[1] more specifically:
  - The profile, by age group, of Francophone youth by region
  - The determinants of health, summarized in four deprivation indicators, by region
- The Early Development Instrument (EDI),[2] a tool developed by researchers at the Offord Centre for Child Studies at McMaster University that measures the ability of children to meet certain age-appropriate developmental expectations at school entry. The most recent data is from 2015.
- The Canadian Health Survey on Children and Youth (CHSCY),[3] conducted by Statistics Canada in 2019, looks at issues that have an impact on the physical and mental health of children and youth.

Methodology

To allow data to be viewed cartographically, the Champlain Health Region was subdivided into several geographic levels. Those geographic subdivisions were chosen based on the conventions used in the health sector and by Statistics Canada.

The data gathered was then analyzed to determine the appropriate level or levels of subdivision to allow for useful viewing. The choice of subdivisions in the area for a specific data set is based on the following criteria:

The level of granularity available in the source data

The possibility of aggregation of the data

The number of observations available (e.g., filtering by combination of age, language had health status could result in too many null observations).

The data presented

The reason for the interactive platform is to allow data to be explored based on variable criteria. Thus, we only present here certain tables and maps for illustration to help understand the tool's possibilities.

Breakdown of the Francophone population

Table 1 presents the demographic data for the Francophone population by Champlain sub-region. Most Francophones are in the eastern part of the area. The table also shows that the percentage of Francophones aged 0-19 is greater in rural areas and in central Ottawa.

For example, Figure 4 from the Cartographic platform shows the proportion of Francophones aged 0-18 as a number and percentage, but this time for each

[1] https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm

[2] https://edi.offordcentre.com/partners/canada/edi-in-ontario

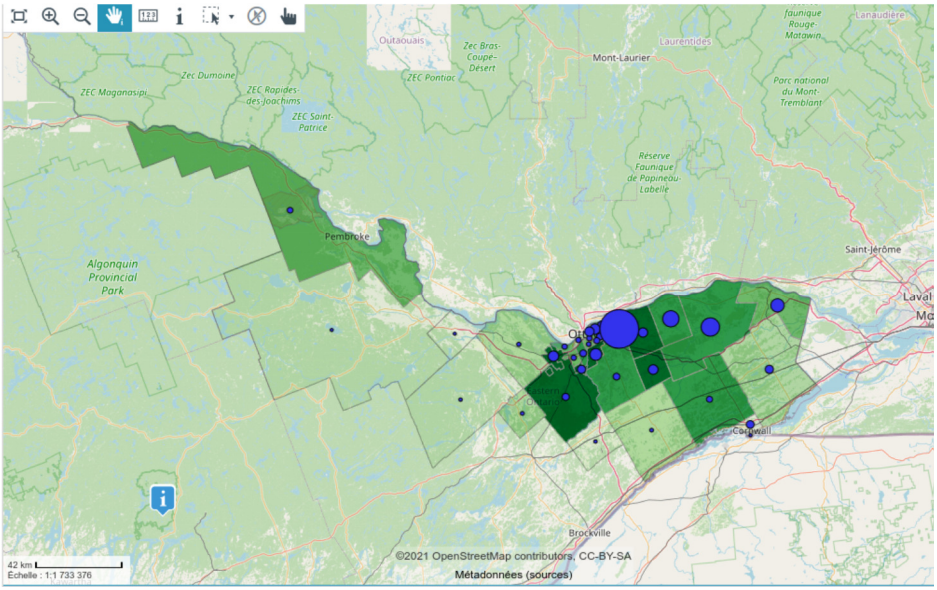
[3] https://www.statcan.gc.ca/eng/survey/household/5233

Table 1: Francophone population aged 0-19 by sub-region

Sub-region	Total population	Francophone population	% of Franco-phones	Francophone population aged 0-19	% 0-19 among Francophones
Ottawa centre	506,660	52,095	10.3%	8,080	15.5%
Champlain east	211,695	79,500	37.6%	14,925	18.8%
Ottawa east	248,620	56,375	22.7%	12,720	22.6%
Ottawa west	366,615	19,545	5.3%	4,155	21.3%
Champlain west	160,545	7,300	4.5%	875	12.0%

Census 2016 data. Francophone population is the population with French as mother tongue.

Figure 4: Breakdown of Francophones aged 0-19, by 34 locations



of the 34 locations. We can thus see the regions that have the highest proportion of young families. The detailed tables, by geographic area, are available on the interactive platform.

The Canadian Index of Multiple Deprivation (CIMD)

Statistics Canada has compiled four dimensions of deprivation in the Canadian Index of Multiple Deprivation. Each of these dimensions includes a full range of concepts, offering users multi-faceted data to inform their review of aspects of deprivation. They are briefly defined as follows:

- Residential instability, which speaks to the tendency of neighbourhood inhabitants to fluctuate over time, taking into consideration both housing and family characteristics
- Economic dependency, related to reliance on the workforce, or a dependence on sources of income other than employment income
- Ethno-cultural composition, related to the presence of immigrant populations in a community
- Situation vulnerability, which speaks to variations in socio-demographic conditions, particularly in the areas of housing and education, while taking into account other demographic characteristics

For example, Figure 5 from the cartographic platform shows residential instability by aggregate dissemination area. Similar results are available for all indicators. Other information on these indicators is available on the Statistics Canada website.

The Early Development Index

The Early Development Index (EDI) measures the ability of children to meet certain age-appropriate developmental expectations at school entry. The EDI focuses more specifically on outcomes for children as a health-relevant, measurable concept that has long-term consequences for individuals and populations. The data collected using the EDI facilitates and encourages the monitoring of the developmental health of our young learners.[4]

The data available from this tool is shown in Table 2.

For example, Figure 6 shows the breakdown of young boys with special needs by census division.

[4] https://edi.offordcentre.com/partners/canada/edi-in-ontario

Figure 5: Residential instability index by aggregate dissemination area

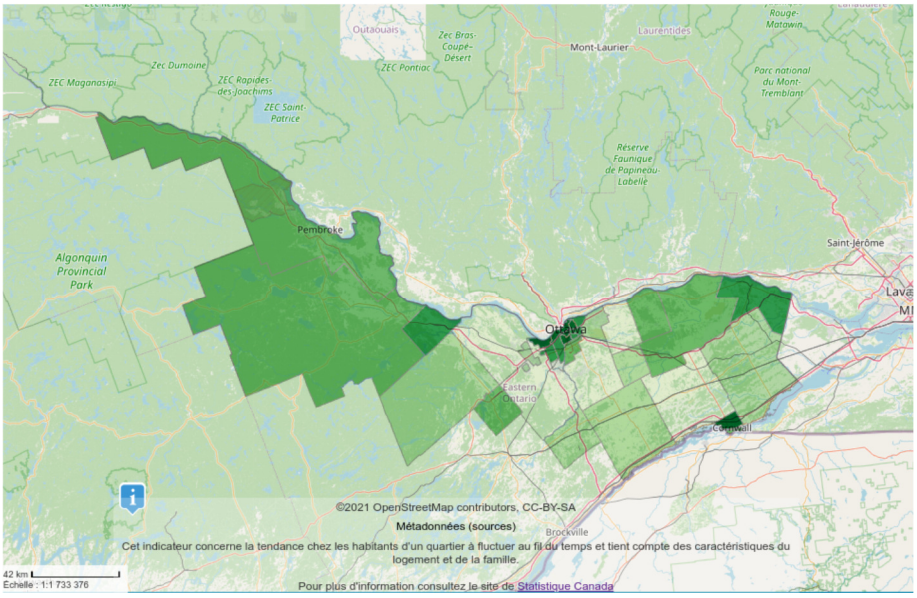
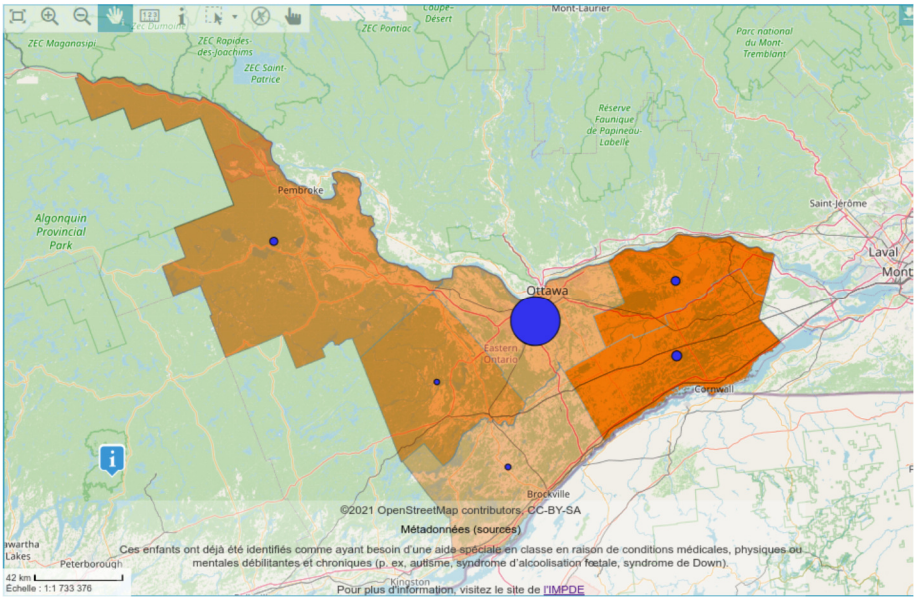


Figure 6: Breakdown of young boys with special needs by census division



All the variables in Table 2 can be seen in the cartography tool for both sexes, as a number or as a percentage. The data is available for cycle 4, i.e., the 2015 cycle, and is only available for 2006 census divisions.

The Canadian Health Survey on Children and Youth (CHSCY)

The data from this survey has not yet been provided by Statistics Canada.

Table 2: Francophone population aged 0-19 by sub-region

Variable	***Description***
Number of children with English or French as second language	A child is considered E/FSL (or French for a child needs in French) if he or she needs additional instruction in English (or French). In most school boards, children are identified as having E/FSL status if they are not fluent enough in English/French to easily follow the classroom educational activities.
Number of Indigenous children	This is based on the educator's knowledge of whether or not the child is of Indigenous descent. A child is considered to be of Indigenous if he or she identifies with at least one Aboriginal group (i.e. North American Indian, Métis or Inuit) based on the definition of an Aboriginal person used in the 2006 Canadian Census.
Number of children assessed as having identified special needs	These children have already been identified as needing special assistance in class due to debilitating or chronic medical, physical or mental conditions (e.g., fetal alcohol syndrome, Down syndrome).
Number of vulnerable children in terms of physical health and well-being	Physical Health and Well-Being refers to the child's physical readiness for the school day, physical independence, and gross and fine motor skills. Children with results in the vulnerable category in this domain can generally be characterized as having moderate or poor overall and fine motor skills, as being sometimes tired or sometimes hungry, being generally awkward, showing irregular levels of energy and having a moderate general physical development.
Number of vulnerable children in terms of social skills	Social Knowledge and Competence refers to the child's overall social competence, responsibility and respect, approaches to learning and readiness to explore new things. Children with results in the vulnerable category in this domain can generally be characterized as having poor social competencies in general, such ahs having serious difficulties in more than one area of interaction with other children, having trouble accepting responsibility for their actions, following rules and routines, showing respect for adults, children and property, having self-confidence, having self-control, adjusting to change and working alone.
Number of vulnerable children in terms of general knowledge and communication skills	Communication Skills and General Knowledge refers to the child's ability to communicate needs and ideas effectively and interest in the surrounding world. Children with results in the vulnerable category in this domain are generally characterized as having trouble communicating and articulating, trouble in English or French, difficulty speaking with others, understanding or being understood and poor general knowledge.
Number of vulnerable children in terms of language development and communication skills	Language development and communication skills refers to the child's basic and advanced reading and writing skills, interest in literacy/numeracy and memory, and basic numeracy skills. Children with results in the vulnerable category in this domain are generally characterized as having problems reading, writing and counting, unable to read and write simple words, not interested in trying, often unable to establish links between sounds and letters, having trouble remembering things, counting to 20 and recognizing and comparing numbers, and not generally interested in numbers.
Number of children with indicators of multiple challenges	Multiple challenges, as identified by the Multiple Challenge Index (MCI). The MCI incorporates 16 sub-domains within the 5 major domains of the EDI, with each sub-domain representing a relatively homogeneous aspect of child development. If a child has poor results (below the Ontario baseline) on 9 or more of the 16 sub-domains, he or she is considered to have multiple challenges.

SERVICE PROVIDERS

The data presented

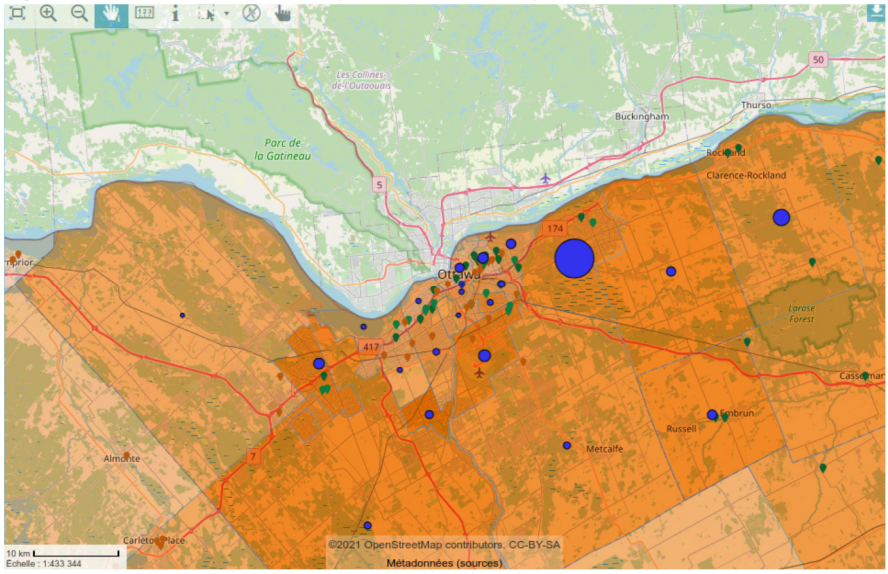
The cartographic tool presents the service providers who took part in the survey of the ability to offer French-language services. About half of respondents provided data on the services offered and the presence of French-language services. These data were enhanced with data from the websites of providers who did not complete the survey.

For instance, Figure 7 from the interactive platform shows:

- providers (green markers with French services, or orange without French services);
- the number of Francophones aged 0-19 (blue points distributed by location, with size indicating the number);
- the proportion of youth among Francophones (indicated by the shade or orange on the map).

This theme shows that most Francophones aged 0-19 are in eastern Ottawa but that most points of service are in central Ottawa.

Figure 7: Distribution of service providers in Champlain



CHAPTER 3: PORTRAIT OF SERVICE NEEDS

OBJECTIVES

As a complement to the THRIVE Report, the purpose of this sectoral study is to provide a portrait of the health and social service needs of Francophone children and youth (ages 0-18) and their families in the Champlain Health Region. This portrait was established by exploring the point of view of the providers and managers of these services.

The specific objectives are as follows:

- Assess the availability of health and social services offered to Francophone children and youth and their families.
- Assess the quality of health and social services offered to Francophone children and youth and their families.
- Assess the quality of MHA services and services for children with CMN.

CONTEXTUAL FRAMEWORK

A health services needs assessment is a dynamic ongoing process undertaken to identify the strengths and needs of the community, enable the establishment of priorities and facilitate collaborative action planning to improve the health of the community.[5]

As part of this work, the elements that work well in service delivery indicate the areas in which the system is effective. The obstacles to service delivery suggest he existence of needs to be met. The needs indicate that there is a gap to be filled.

The main changes sought by providers or users constitute the response to the needs expressed in order to fill the gaps in services.

METHODOLOGICAL APPROACH

Conduct of the study

This study examines health and social services in French available to Francophone children and youth and their families in the Champlain Region. To identify service needs, a questionnaire was sent by email to service providers to gather information on the services they offer.

Based on a list of health and social services needed for children and youth,[6] the respondents to the questionnaire provided the information needed to paint a picture of the availability of and access to those services. Any missing or insufficient services in this respect were considered to reveal the need for services.

In the study of the needs of children, youth and their families (THRIVE, 2017), some elements were identified as problems that affect the quality of the health care delivered in the region. Respondents were asked to confirm whether each of these elements is also relevant for French-language health services. In this way, it was possible to inquire about problems likely to reveal the existence of needs related to service delivery.

The assessment of needs related to MHA services and the assessment of services for children with CMN were included in this study. Participants in the survey provided information on the quality of these services and the proposed changes to be implemented to improve them. Obstacles to the proper conduct of MHA services and services for children with CMN can be considered as elements that reveal needs for those services.

Data collection

Member organizations in the "Kids Come First" health team and some non-member organizations that work with children and their families were invited to take part in the organized survey gather data from the study.

A questionnaire was developed to gather the views and suggestions of health or social service professionals and managers of services working within the organizations taking part in the study.

[5] Quality Improvement & Innovation Partnership (January 2009). Needs Assessment Resource Guide for Family Health Teams. www.qiip.ca

[6] https://cichprofile.ca/module/3/

In total, about 100 participants within those organizations received the questionnaire. About 40 responded.

Given the time constraints, this questionnaire was not sent to service users or their families. However, health or social service managers could also respond as service users when they also fell into that category.

Variables

Availability of services

The level of availability of French-language services indicated below was assessed using a three-point Likert scale (poor, good, very good). Table 3 shows the variables considered in this assessment.

Quality of services

In a study of the needs of children, youth and their families (THRIVE, 2017), certain elements were identified as problems that affect the quality of health care in the region. Respondents were asked to confirm whether the choice of each of those elements is also relevant for French-language health services.

These elements are presented in Table 4.

Table 3: List of services considered and formula for calculating the availability of services

Services considered	***Measure***	***Calculation formula***
Mental health promotion services Mental health services in the school system Home care services Developmental and rehabilitation services Services to assist families and caregivers Services for navigating the system and coordinating client care Specialized transportation services Family physician services General pediatrician services Hospital services Services for youth with complex medical needs	Level of availability on the three-point Likert scale (poor, good, very good)	Level of availability of services (as a %): **Numerator** = number of times the service is mentioned in each point of the Likert scale **Denominator** = number of respondents to the question

Table 4: List of problems likely to affect the quality of health care to be validated for services and formula for calculating the level of agreement

Problems considered	***Measure***	***Calculation formula***
Difficulty accessing care Lack of equity in health services Wait time for extended care Insufficient prevention, community care and primary care services Insufficient mental health, addiction, behavioural disorder and developmental services Lack of integration, coherence and coordination of care Lack of coordination between organizations funding youth services (departments, regional authorities, etc.) Poor organization of the transition of care between pediatric age groups and the adult care system Insufficient resources for training and assistance for parents involved in the care of children and youth Lack of integration of mental health services in the school system	Level of agreement on the three-point Likert scale (agree, neutral, disagree)	Level of agreement (as a %): **Numerator** = number of times the service is mentioned in each point of the Likert scale **Denominator** = number of respondents to the question

Quality of mental health and addiction (MHA) services

The elements that work well indicate areas in which the system is effective, while obstacles suggest the existence of needs to be filled. The identification of the main changes to be made can suggest how to meet the needs. There are three variables in this category:

- The elements (three) that work well in the delivery of MHA services
- The elements (three) of the delivery of MHA services that need improvement
- The main changes (five) to make to improve the delivery of MHA services

Quality of services for children with complex medical needs (CMN)

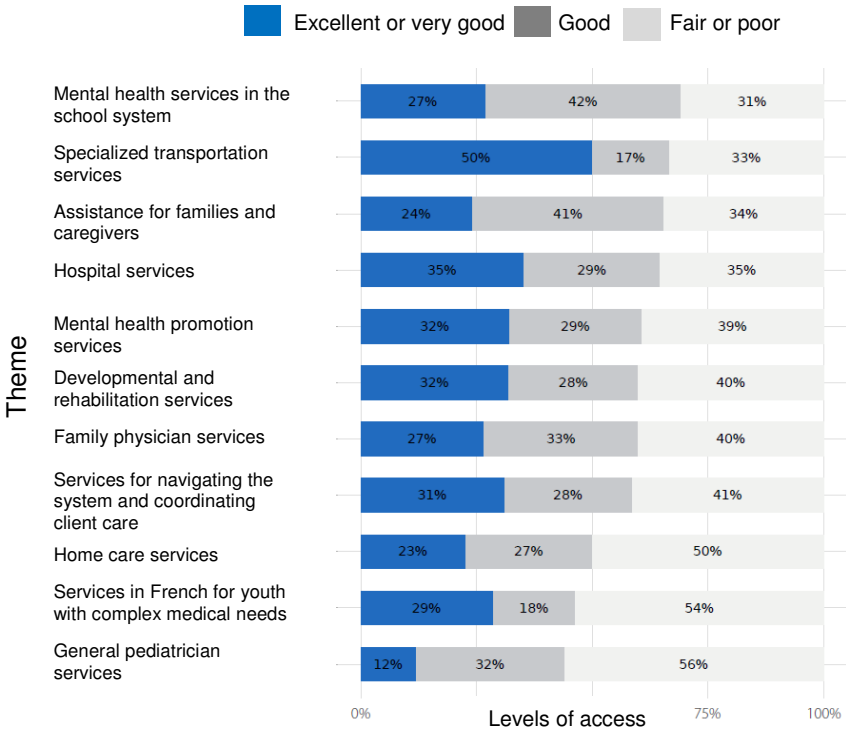
The elements that work well indicate areas in which the system is effective, while obstacles suggest the existence of needs to be filled. The identification of the main changes to be made can suggest how to meet the needs. There are three variables in this category:

- The elements (three) that work well in the delivery of services for children with CMN
- Obstacles (three) to proper services for children with CMN
- The main changes (five) to make to improve the delivery of services for children with CMN

The findings on the current state of MHA and CMN services and the desired changes to improve them were established by grouping the responses from survey participants by theme (see Chapter 5 for more information). Those themes stem from tendencies related to elements that work well, the main obstacles to services, and the desired improvements to the services. This group of comments resulted in the following themes:

- Integration, coordination and trajectories
- Referral and navigation
- Financial and material resources
- Promotion, prevention and community support
- Access and wait times
- Availability and organization of services
- Recruitment, support and development of human resources

Figure 8: Perception of access to French-language services



RESULTS

Service needs

The services required for children youth and their families in the 10 categories identified in Figure 8 are available and offered in French, but with varying levels of access.

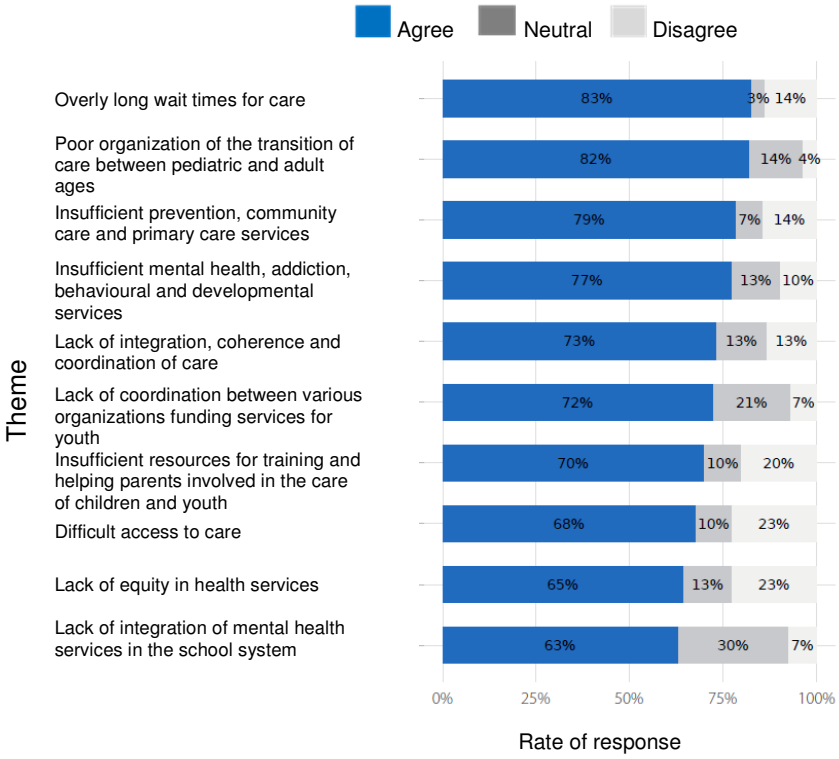
In effect, in most cases, the availability of services was considered to be good or excellent. The two categories with the highest levels of availability are mental health services in the school system and specialized transportation services. As a result, the needs in those two categories can be considered to be the lowest. We note that these service categories are part of what is considered to be auxiliary services in the health system.

However, the availability of services was only considered to be poor in two categories (services for youth with CMN and general pediatrician services). As a result, the needs in those two categories can bee considered to be the highest. We note that these two services are among those that require more specialized medical care.

Quality of services

All respondents agree with the statements that identify the 10 categories of problems likely to affect the quality of health and social services for children, youth and their families (Figure 9).

Figure 9: Problems likely to affect the quality of French-language services



However, their level of agreement varies depending on the problems.

In effect, in at least 77% of cases, respondents agreed with the statements concerning the following four categories of problems (Figure 9): the length of wait times; the poor organization of transition of care; insufficient prevention, community care and primary care services; and insufficient services in mental health and addiction and behavioural and developmental problems. The needs in these categories can therefore be considered to be the highest. We note that the problems identified are related more to the organization of the offer of care and, to a lesser extent, the availability of services.

However, as indicated in Figure 9, in 63% to 70% of cases, respondents agreed with the statements for the following four categories: difficulty accessing services, the lack of equity in health services and the lack of integration in mental health services in the school system. As a result, the need for improvement in the quality of services in these categories can be considered to be the lowest. We also note that these problems are related more to equity, a common concept in the context of minority languages, but the frequency of which seems to be mitigated here.

Assessment of mental health and addiction services

Elements that work well in MHA services

The elements that work well in the area of MHA services are divided into 7 themes (Figure 10). Of these themes, the 3 that include the most cited elements are those that are related to integration, coordination and trajectories (cited by 48% of respondents); followed by those related to the availability and organization of services (cited by 21% of respondents; and, finally, those related to promotion, prevention and community support (cited by 21% of respondents). The high frequency of these elements seems to favour a system with accessible and well-integrated services.

Obstacles to the proper functioning of MHA services

The elements identified as obstacles to the proper functioning of MHA services were divided into 8 themes (Figure 11). Of these themes, the 3 that include the elements cited most often are those related to integration, coordination and trajectories (cited by 48% of respondents); followed by those related to financial and material resources (cited by 45% of respondents); and, finally, those related to referral and navigation (36% of respondents). The other elements were cited less frequently.

Figure 10: Elements that work well in the area of mental health and addictions

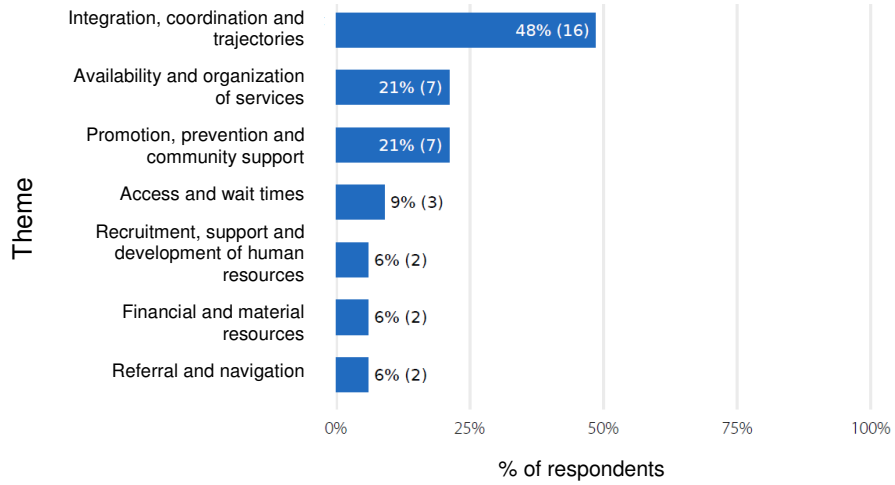
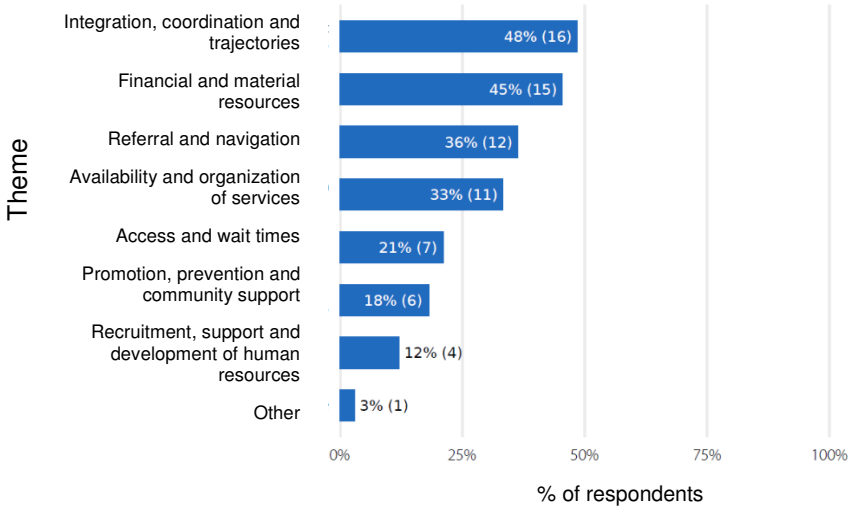


Figure 11: Obstacles to the proper functioning of mental health and addiction services



We note that these three themes are determining factors for the functioning of MHA services. In effect, "integration, coordination and trajectories" is cited with the same frequency on the list of what works and on the list of obstacles to the proper functioning of MHA services. The other two themes – namely financial and material resources and referral and navigation – are the least cited on the list of what works well. On the other hand, this position seems to be corroborated by the fact that they are among the most cited on the list of obstacles to the proper functioning of MHA services.

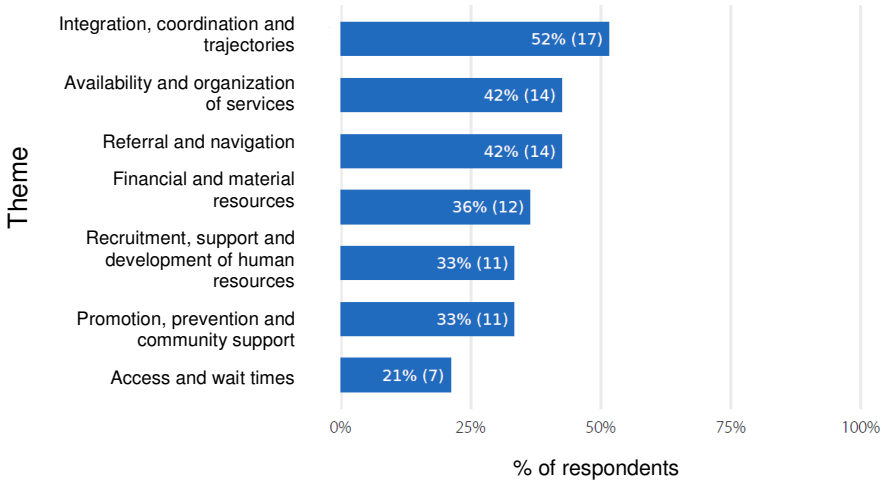
Proposed changes to improve MHA services

The proposed changes to improve MHA services were divided into 7 themes (Figure 12). Of these themes, the 5 elements cited most often are those related to integration, coordination and trajectories (cited by 52% of

respondents); followed by those related to the availability and organization of services (cited by 42% of respondents); those related to referral and navigation (cited by 42% of respondents); those related financial and material resources (cited by 36% of respondents); and, finally, those related to recruitment, support and development of human resources (cited by 33% of respondents). The other elements were cited less frequently.

We also note that "recruitment, support and development of human resources" is the only theme in the list of five proposed changes to improve MHA services that is not among the five most commonly cited obstacles to the proper functioning of MHA services.

Figure 12: Proposed changes to improve mental health and addiction services



Quality of services for children with complex medical needs

Elements that work well in the area of CMN services

The elements that work well in the area CMN services were divided into 7 themes (Figure 13). Of these themes, the 3 that include the elements cited most often are those related to integration, coordination and trajectories (cited by 48% of respondents); followed by those related to the availability and organization of services (cited by 39% of respondents); and, finally, those related to promotion, prevention and community support (cited by 21% of respondents). The high frequency of these elements seems to favour a system in which services are accessible and well integrated.

Obstacles to the proper functioning of CMN services

The elements identified as obstacles to the proper functioning of CMN services were divided into 7 themes (Figure 14). Of these themes, the three elements cited most often are those related to the availability and organization of services (cited by 42% of respondents); followed by those related to recruitment, support and development of human resources (cited by 33% of respondents); and, finally, those related to financial and material resources (33% of respondents). The other elements were cited less frequently.

Figure 13: Elements that work well in the area of complex medical needs

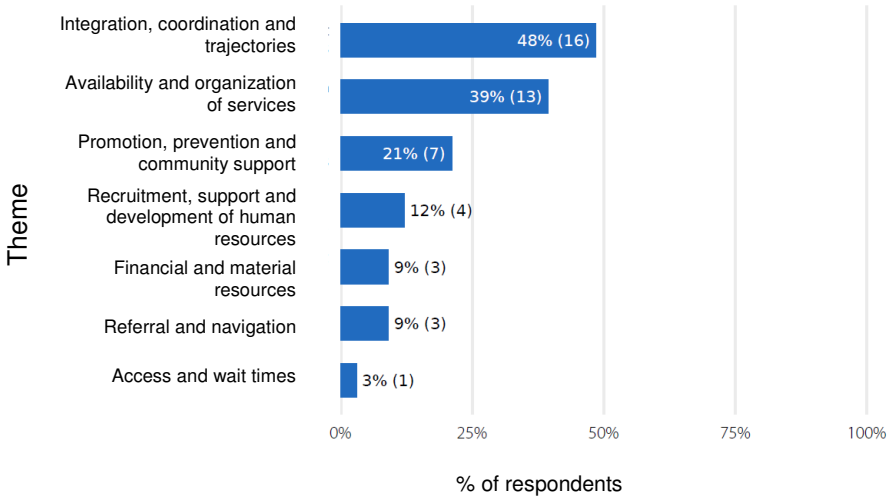
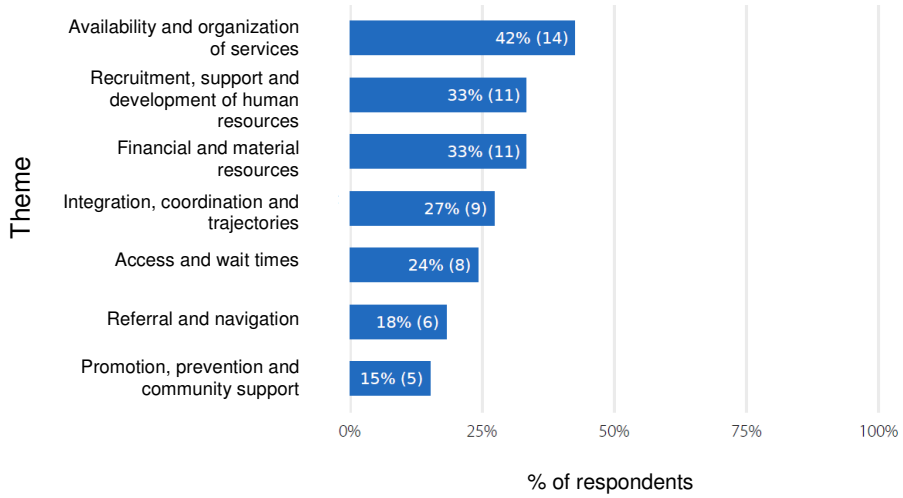


Figure 14: Obstacles to the proper functioning of complex medical needs services



We note that the availability and organization of services is the only theme that is among the first three obstacles and elements that work well, at almost the same frequency (42% and 39% respectively).

We also note that the other two themes cited as obstacles (recruitment, support and development of human resources and financial and material resources) are determining factors in the functioning of CMN services. Indeed, together, they account for almost all elements of support that, when lacking, can be an obstacle to the functioning of a health service.

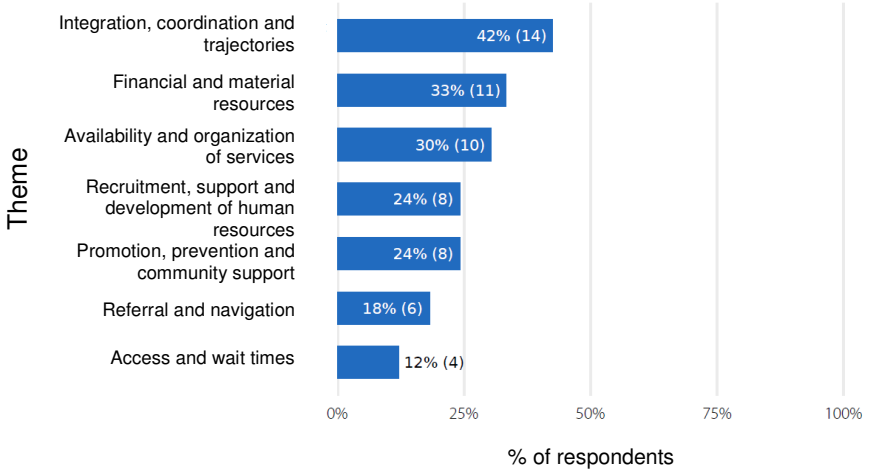
Proposed changes to improve CMN services

The proposed changes to improve services for children with CMNs were divided into 7 themes

(Figure 15). Of these themes, the 5 elements cited most often are those related to integration, coordination and trajectories (cited by 41% of respondents); followed by those related to financial and material resources (cited by 33% of respondents); those related to the availability and organization of services (cited by 30% of respondents); those related to recruitment, support and development of human resources (cited by 24% of respondents); and, finally, those related to promotion, prevention and community support (cited by 24% of respondents). The other elements were cited less frequently.

We also note that promotion, prevention and community support is the only theme from among the five proposed changes to improve CMN services that is not among the five obstacles cited most often to the proper functioning of CMN services.

Figure 15: Proposed changes to improve services for children and youth with complex medical needs



CHAPTER 4: PORTRAIT OF SERVICE OFFER

OBJECTIVE

The objective of this sectoral study is to provide a portrait of the offer of French-language services using data from a survey of service providers. These data are then analyzed and used to:

- assess the capacity for offering French-language services for all service providers, by studying organizational practices related to the offer of French-language services; and
- assess the capacity of human resources to provide French-language services.

METHODOLOGY

Data Collection

To determine the offer of French-language services, data collection was organized with service providers in the Champlain Region. A questionnaire was sent out using the OZi platform to service and care providers to gather information concerning the services they offer.

The data collection targeted as many health and social service providers as possible. In effect, all providers service providers supposed to take part in the capacity and coordination of French-language services, either through the organized offer of French-language services on a timely basis or by referring Francophone clients to providers who are able to serve them. This list was compiled using the following criteria:

- Member organizations of the "Kids Come First" health team that offer services in the Champlain Region in French and English
- Community resource and health centres that offer services to youth
- Community organizations linked to youth health
- Hospitals offering certain pediatric services
- School boards

In total, 93 organizations were targeted to collect data. Data collection took place between January and March 2021.

Data collected

The questionnaire aimed to collect the following data:

- The main contact information for the provider (address, website, etc.)
- The provider's status under the regulations of the *French Language Services Act*
- Francophone clientele
- The list of programs offered to children, youth and their families
- The list of each provider's points of service and the programs offered at each one
- For each program:
  - The list of services offered by the program
  - The languages in which the programs are offered
  - The means of delivery of the services offered (in person, virtual, etc.)
  - The clientele and regions served
  - Organizational practices related to the offer of French-language services
  - The human resources that offer direct services to clients and their language skills

Analysis

The data was compiled using computer tools. Some analyses required adjustments:

- Some variables were recoded to adjust their interpretation to the linguistic context of delivery.
- For all variables expressed as percentages, the denominator excludes providers and/or programs for which there was no response.
- All data entered, including data from incomplete questionnaires, were used.
- For programs serving more than one region, the allocation of human resources by sub-region was distributed proportionally to the Francophone population aged 0-19.

- Human resources data from CHEO were taken from the OZi collection done on behalf of the Department of Health in 2020.

Finally, for directory purposes only, the information from providers that did not respond to the questionnaire was completed by the OZi team based on information available on their respective websites to offer a more complete picture.

Limitations

The participation rate of the survey was not consistent among service providers based on the language of service delivery. The response rate was much higher among providers who offer services in French.

RESULTS

Participation rate

Ninety-three (93) providers were invited to take part in the data collection. Of these, 44 responded, for a participation rate of 47%.

Of the 44 providers:

- 146 programs were identified;
- 22 reported having just one program or function, in all service languages, for a rate of 50%;
- 25 providers that offer French-language services provided data concerning their human resources.

Services available in French

Figure 16 shows the distribution of programs by the language or languages in which the services are offered. In 82% of cases, the programs surveyed are offered in French.

It is very important to remember that 53 providers targeted did not respond to the survey and that they primarily offer their services in English. The proportion of programs offered in French is therefore lower for the region.

Regions served by the programs

Figure 17 shows the distribution of programs offered in French by the Champlain sub-regions they serve. It must be noted that the number of programs is not a measure of the diversity of services, as more than one provider may offer the same service. This instead shows the availability of programs in a given region. Thus, in a region with more French-language programs, a client will have a greater chance of having access to a service in French. In Figure 17, we see the poor availability of programs in the Champlain west sub-region. These data offer another perspective when they are analyzed based on the Francophone population (mother tongue) aged 0-19 in the same sub-regions. Table 5 suggests that

Figure 16: Distribution of programs by language of service

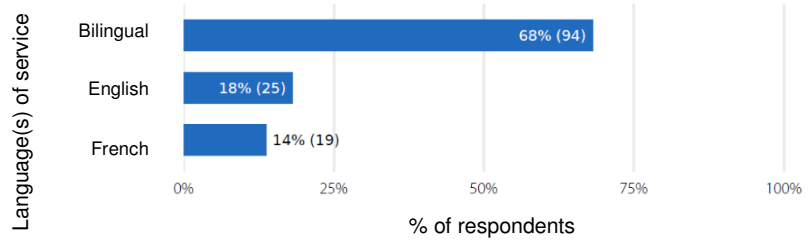


Figure 17: Distribution of programs offering French-language services by sub-region

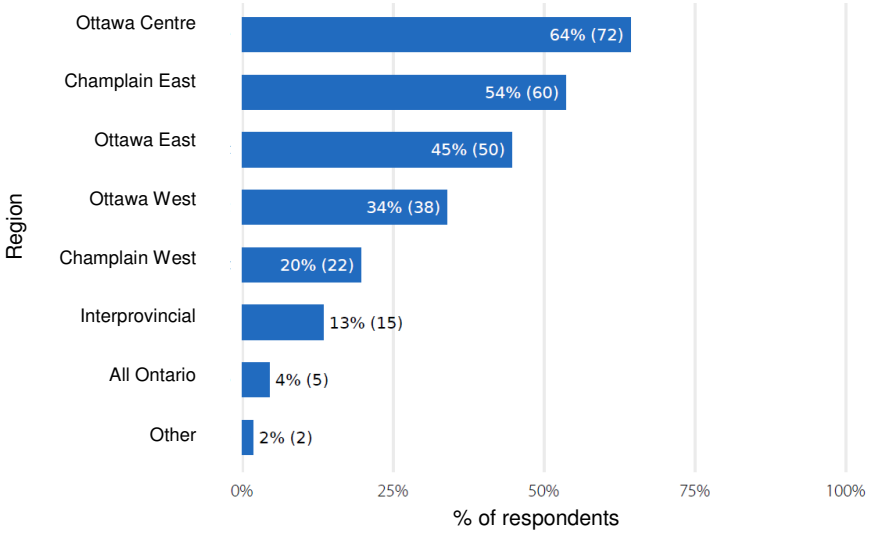


Table 5: Programs available by sub-region, standardized for the target population

Sub-region	***Number of programs in French***	***Number of Francophones aged 0-19***	***Programs per 1000 Francophones aged 0-19***
Ottawa Centre	72	8,080	8.9
Champlain East	60	14,925	4.0
Ottawa East	50	12,720	3.9
Ottawa West	38	4,155	9.1
Champlain West	22	875	25.1

the proportion of programs available in the East is lower than in the rest of the area.

Organizational practices related to the offer of French-language services

Active offer means that information for clients and the offer of services are in French. Figure 18 presents the rate of adoption of certain methods by programs that offer their services in French. It must be noted that some of these programs (14%, Figure 16) offer their services solely in French. Thus, some practices, such as posting bilingual signs or wearing badges in French, are not relevant for those programs.

Once clients are informed, it is also necessary to identify the Francophones. Figure 19 presents the rate of adoption of certain methods and procedures for identifying Francophones for all programs surveyed. We note here that only 58% of programs record the client's language in the file, meaning that 42% do not record it. This can cause some challenges for the continuity of care in French if the client is transferred to another service or health professional.

Figure 20 shows how often staff inquire about clients' preferred language for programs that also offer services in French. (Programs that only offer services in French offer them systematically, which explains the exclusion from this figure.)

Figure 18: Adoption of practices for informing clientele about services available in French

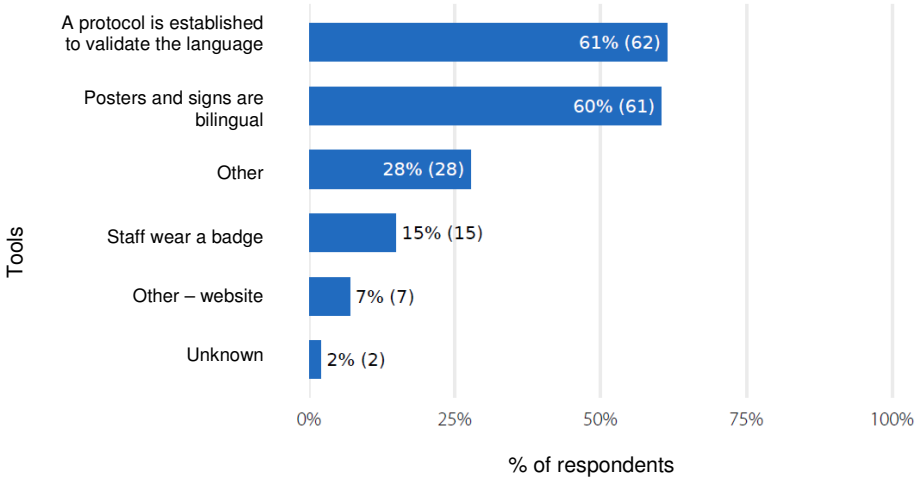


Figure 19: Adoption of practices for identifying Francophones

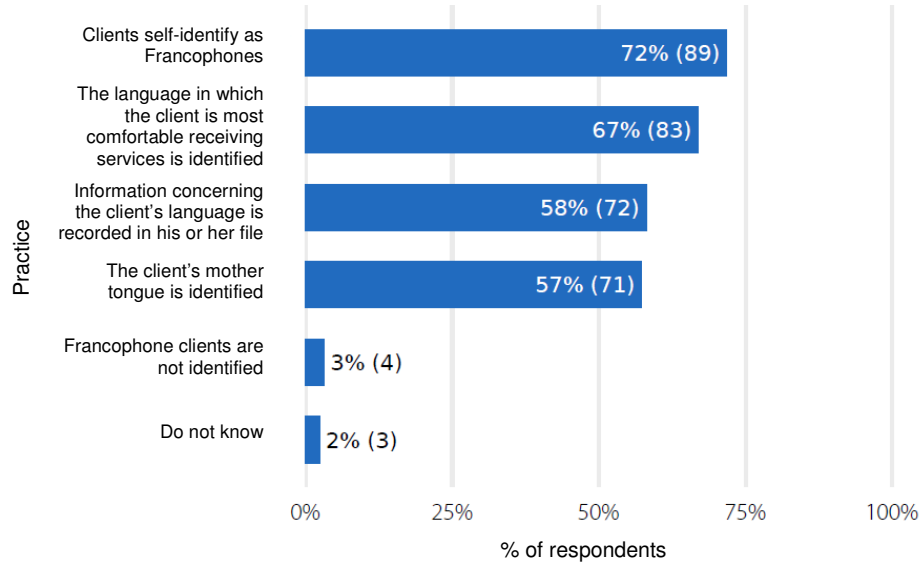
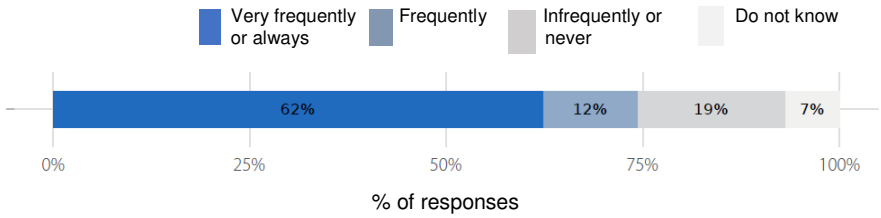


Figure 20: Frequency of use of the protocol for identifying Francophones



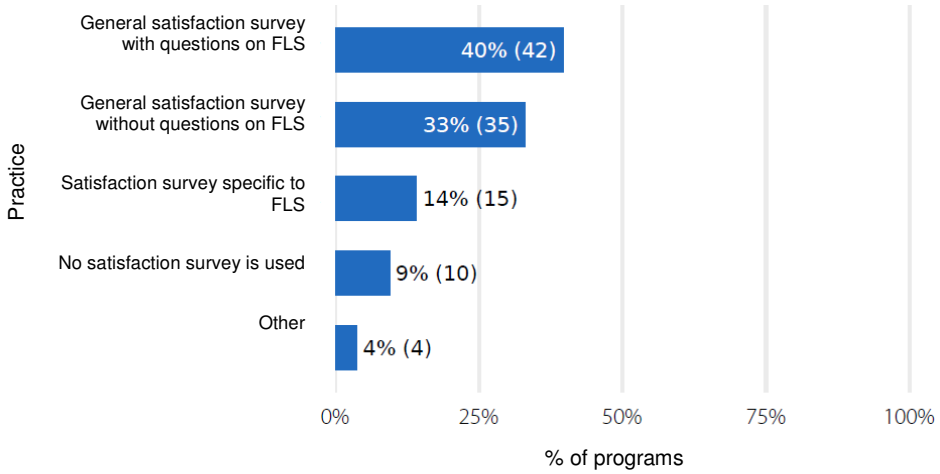
It shows that over 25% of these programs do not necessarily inquire about he client's preferred language, if we rely on those that do not know.

Quality assurance

A mechanism that requires that satisfaction surveys and

assessments of the quality of French language services are needed to ensure that an organization is accountable for the quality of the services. Figure 21 presents the rate of adoption of a survey of satisfaction by programs that offer French-language services. It shows that 42% of programs do not conduct a survey of satisfaction for French-language services.

Figure 21: Adoption of satisfaction surveys by programs that offer services in French



Service delivery

The means of delivery of services for programs that offer French-language services varies depending on the protocols established. Figure 22 presents the rate of adoption of the various service delivery methods for programs that offer French-language services. The vast majority of these programs, 89%, offer their services in person at points of service, although several report a decrease in the frequency of this practice during this pandemic. This may explain the seemingly high rate of programs offered virtually by video or telephone (81%). As well, nearly half of providers offer their services at the offices of partner organizations, and nearly one third do so at the client's home. Finally, all of these methods show the diverse possibilities for accessing services.

Figure 22: Means of delivery of services by programs that offer services in French

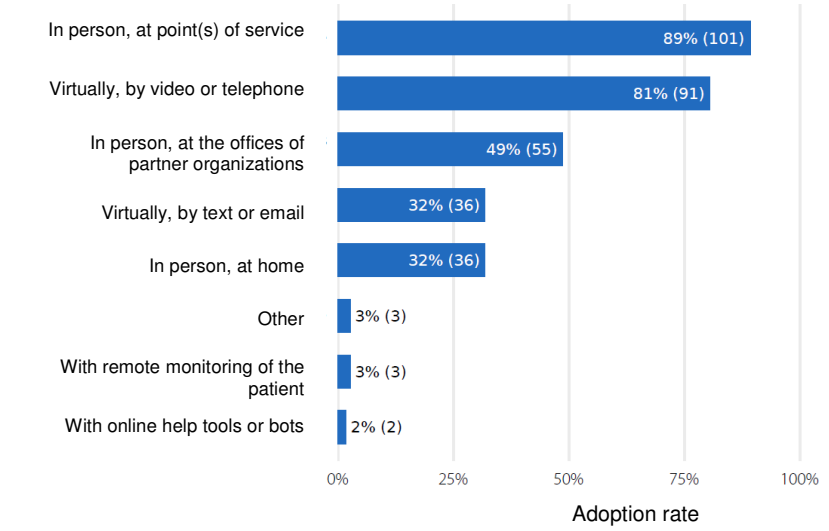
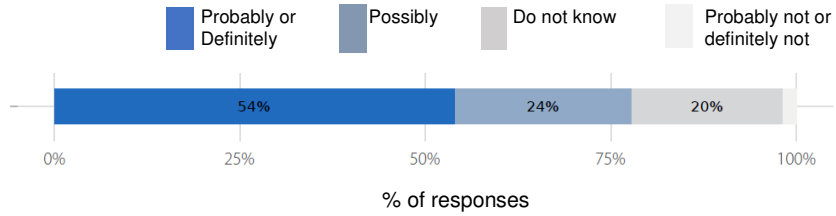


Figure 23 shows the intention of adopting virtual service delivery over the longer term, after the pandemic. Thus, over half of programs that offer French-language services probably or definitely intend to continue this method, while fewer than half are undecided. Very few (about 2%) reject the idea.

Figure 23: Intention to adopt virtual service delivery over the long term



Human resources

Human resources are the essential element on which the delivery of French-language services is based. In Ontario, organizations designated to offer French

language services must provide a human resources plan that shows that they have the capacity, in number and language skills, to meet the needs of the Francophone community they serve. This study looked at the number of positions assigned to direct services to clients, in full-time equivalents (FTE), designated or not, that are filled with staff with the language skills needed to offer French-language services. In total, 25 providers and 78 programs identified human resources with French-language skills.

Table 6 shows the number of those positions that are filled by staff with French-language skills by sub-region. It shows that Champlain West, followed by Ottawa East, has the lowest human resources capacity, proportional to its target clientele, to offer French-language services. It must be noted that, to properly interpret these results, the following must be considered:

- The health of the target clientele
- The impact of the data from CHEO, which has 50% of all staff with French-language skills, and who are distributed proportionally to the target clientele
- The workforce of providers that did not submit data

Table 6: Positions directly serving clients filled by staff with French-language skills

Sub-region	***Number of positions filled with staff with French-language skills***	***Number of Francophones aged 0-19***	***Positions filled per 1000 Francophones aged 0-19***
Ottawa Centre	239.3	8,080	29.6
Champlain East	380.8	14,925	25.5
Ottawa East	289.5	12,720	22.8
Ottawa West	105.5	4,155	25.4
Champlain West	12.9	875	14.7

CHAPTER 5: NEEDS AND DEMAND FOR MENTAL HEALTH AND ADDICTION SERVICES

This chapter presents the results and findings concerning the need and demand for MHA services among Francophone youth in the Champlain Region, based on the perspectives of HSPs and service users.

PROVIDERS' PERSPECTIVE

This section presents the main themes and sub-themes that emerge from the comments received during collection of data from HSPs. More specifically, each theme will be presented based on the main tendencies identified from the comments gathered about positive aspects, main obstacles and desired improvements in relation to MHA. The following themes were identified:

- Integration, coordination and trajectories
- Referral and navigation
- Financial and material resources
- Promotion, prevention and community support
- Access and wait times
- Availability and organization of services
- Recruitment, support and development of human resources

Methodology

The themes and sub-themes were identified based on comments from HSPs concerning MHA. More specifically, the comments were deconstructed into key concepts. Those key concepts were then grouped and ranked repeatedly to determine the themes and sub-themes. The comments were then counted by corresponding theme and sub-theme. Some comments include several ideas for more than one sub-theme and were therefore counted in more than one.

Integration, coordination and trajectories

In total, this theme received 66 comments in 27 sub-themes.

Positive aspects

In total, 23 comments were grouped into 10 sub-themes concerning the positive aspects of this theme. As shown in Table 7, the sub-themes mentioned most often were:

- Networking with a view to cooperation (26%)
- Coordination between HSPs (22%)
- Leadership and mobilization (13%)

In total, these sub-themes received 14 of the 23 comments, or 61% of the comments concerning the positive aspects of integration, coordination and trajectories related to MHA services. The other sub-themes, with 1 or 2 comments each, are related to multi-agency access initiatives, referrals and service transition, improving services, the number of HSPs providing access to services, teamwork, cooperation among Francophone HSPs and intersectoral engagement.

Obstacles

In total, 19 comments were grouped into 10 sub-themes related to the obstacles for this theme. As shown in Table 7, the sub-themes mentioned most often are:

- Work in silos (16%)

Table 7: Main sub-themes related to integration, coordination and trajectories

Main sub-themes	*Positive aspects*	*Obstacles*	*Improvements*
Sub-theme 1	Networking (n=6; 26%)	Work in silos (n=3; 16%)	Collaboration and coordination between service providers (n=9; 38%)
Sub-theme 2	Coordination (n=5; 22%)	Coordination of inter-agency services (n=3; 16%)	Centralized access to a single window (n=4; 17%)
Sub-theme 3	Leadership and mobilization (n=3; 13%)	The transition to adulthood (n=3; 16%)	Integration of multiple programs and services (=4; 17%)

- Coordination of inter-agency services (16%)
- The transition to adulthood (16%)

In total, these categories represent 9 of 19 comments, or 48% of comments concerning obstacles related to integration, coordination and trajectories in MHA services. The other sub-themes, with 1 or 2 comments each, are related to the integration of interdepartmental services offered to clients, the possibility of having a trajectory of services in French, the conflicts and rigidity of HSP mandates, collaboration with the school board and the coordination of transportation to services outside the school board, the ability to access services through a single window and the lack of a systemic approach.

Improvements

In total, 24 comments were grouped into 7 sub-themes related to improvements for this theme. As shown in Table 7, the sub-themes mentioned most often are:

- Collaboration and coordination between service providers (38%)
- Centralized access to a single window (21%)
- Integration of multiple programs and services (17%)

In total, these categories represent 18 of 24 comments, or 76% of comments concerning improvements related to integration, coordination and trajectories of MHA services. The other sub-themes concerning improvement are related to the transition to adulthood, the decentralization of services to facilitate access in rural areas, data collection as a means of supporting decision-making and communication between youth protection services and mental health services.

Main findings

In light of the main sub-themes identified, it is reasonable to believe that there is an effort and a desire for collaboration and mobilization among HSPs to network with a view to integration and coordination of trajectories in MHA services. However, work in silos, the coordination of services between agencies and management of the transition to adulthood for clients are important limitations to the collective effort. In that respect, HSPs suggest that efforts continue to develop and coordinate inter-agency services by facilitating centralized access to services through a single window. Finally, HSPs suggest that efforts continue to be directed at integrating multiple programs and services in trajectories available to clients.

Referral and navigation

In total, this theme received 34 comments in 13 sub-themes.

Positive aspects

In total, 2 comments were 2 sub-themes concerning the positive aspects of this theme. As shown in Table 8, the sub-themes are:

- MHA inter-organization referrals (50%)
- Advisory committee (50%)

Obstacles

In total, 13 comments were grouped into 4 sub-themes concerning obstacles for this theme. As shown in Table 8, the sub-themes are:

- The availability of information for navigation (62%)
- The ability to communicate the service trajectory to the family (23%)

In total, these categories represent 11 of 13 comments, or 85% of comments concerning obstacles related to referral and navigation in MHA. The other sub-themes, with just 1 comment, were related to intervention multi-agency intervention and follow-up of clients and the lack of services dedicated to navigation and case management.

Improvements

In total, 19 comments were grouped into 7 sub-themes concerning improvements for this theme. As shown in Table 8, the sub-themes are:

- The clarity of knowledge concerning trajectories and access paths (32%)
- Awareness, publicity and promotion of FLS (26%)
- The clarity of communication between professionals and clients (16%)

In total, these categories represent 14 of 19 comments, or 74% of comments concerning improvements in MHA referral and navigation. The other sub-themes concerning improvement are related to the centralization of up-to-date information in a directory of services, mapping the navigation of FLS, preparing information pamphlets containing all regional services and trajectories and referral based on linguistic identity.

Main findings

Few comments highlight the positive aspects of referral and navigation. In fact, they represent only 6% (2/34) of all comments received concerning the theme being examined. This highlights the improvements that are needed in this respect, where ethe main obstacles are the availability of information for navigation and the ability to communicate the trajectory of services to the family. Thus, the HSPs suggest improving access to and the clarity of information concerning trajectories and access paths and emphasizing awareness, publicity and promotion of FLS. Finally, this will improve the clarity of communication between clients and professionals concerning referral and navigation in MHA.

Table 8: Main sub-themes related to referral and navigation

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Inter-organization referral (n=6; 26%)	Availability of information for navigation (n=8; 62%)	Clarity of knowledge concerning trajectories and access paths (n=6; 32%)
Sub-theme 2	Advisory committee (n=5; 22%)	Ability to communicate the service trajectory to the family (n=3; 23%)	Awareness, publicity and promotion of FLS (n=5; 26%)
Sub-theme 3			Clarity of communication between professionals and clients (n=3; 16%)

Financial and material resources

In total, this theme received 40 comments in 15 sub-themes.

Positive aspects

In total, 2 comments were grouped into 1 sub-theme concerning the positive aspects of this theme. As shown in Table 9, the sub-theme is:

- The increased resources and investment in services (100%)

Obstacles

In total, 21 comments were grouped into 5 sub-themes concerning the obstacles for this theme. As shown in Table 9, the sub-themes are:

- Insufficient funding of services (48%)
- The disparity in funding between community and acute care services (24%);
- The availability of funding for intensive services (14%)

In total, these categories represent 18 of 21 comments, or 86% of comments concerning the obstacles related to financial and material resources in MHA. The other sub-themes, with 1 or 2 comments each, are related to funding and access to specialized services and funding criteria.

Improvements

In total, 17 comments were grouped into 9 sub-themes concerning improvements for this theme. As shown in Table 9, the sub-themes are:

- Funding for day, prevention and FLS programs (35%)
- Stable and recurring long-term funding (18%)
- Funding of coordination and navigation (12%)

In total, these categories represent 11 of 17 comments, or 65% of comments concerning improvements in financial and material resources for MHA. The other sub-themes under improvement, with just 1 comment, are related to access to funding, OHIP coverage for psychology services, funding of residential intensive care, the number of services funded, funding of recreational equipment and funding of equipment to allow for virtual appointments from school.

Main findings

Few comments highlight the positive aspects related to financial and material resources for MHA. In fact, they represent only 5% (2/40) of all comments received concerning the theme being examined. This highlights the obstacles mentioned concerning insufficient and disparate funding of MHA services, particularly between intensive, acute and community services. Thus, the HSPs suggest that adequate funding be allocated to day and prevention programs in French and for coordination and navigation. Finally, HSPs suggest that the funding of MHA activities be stable to allow for sustainable planning, coordination and implementation of MHA.

Table 9: Main sub-themes related to financial and material resources

Main sub-themes	*Positive aspects*	*Obstacles*	*Improvements*
Sub-theme 1	Increased resources and investment in services (n=2; 100%)	Insufficient funding of services (n=10; 48%)	Funding of day, prevention and FLS programs (n=6; 35%)
Sub-theme 2		Disparity in funding between community and acute care services (n=5; 24%)	Stable and recurring long-term funding (n=3; 18%)
Sub-theme 3		Availability of funding for intensive services (n=3; 14%)	Funding for coordination and navigation (n=2; 12%)

Promotion, prevention and community support

In total, this theme received 28 comments in 15 sub-themes.

Positive aspects

In total, 7 comments were grouped into 4 sub-themes concerning the positive aspects of this theme. As shown in Table 10, the sub-themes are:

- Identification of needs (43%)
- Cultural sensitivity (29%)
- Promotion and prevention activities (14%)
- Reduction of stigmatization (14%)

Obstacles

In total, 6 comments were grouped into 4 sub-themes concerning the obstacles for this theme. As shown in Table 10, the sub-themes are:

- Increasing complexity (33%)
- Lack of intensive services (33%)
- Stigmatization in rural areas (17%)
- Active screening (17%)

Improvements

In total, 15 comments were grouped into 7 sub-themes concerning improvements for this theme. As shown in Table 10, the sub-themes are:

- Keeping a greater concentration of promotion and prevention activities and measures (33%)
- Supporting and involving families and peers (27%)
- Interventions in the community (in the family and where youth are) (13%)

In total, these categories represent 11 of 15 comments, or 73% of comments concerning improvements to promotion, prevention and community support in MHA. The other sub-themes, with just 1 comment each, are related to neighbourhood programs, early intervention, cultural sensitivity and the duration of follow-up.

Main findings

In light of the main sub-themes addressed, it is reasonable to believe that there is an ongoing effort for promotion, prevention and community support activities to identify needs and cultural sensitivity. However, HSPs note an increasing complexity and a lack of intensive and active screening activities. Thus, the HSPs suggest more activities and measures for the health promotion and prevention, and more support and involvement of families and peers. Finally, the HSPs suggest mobilizing interventions where youth are and within families.

Table 10: Main sub-themes related to promotion, prevention and community support

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Identification of needs (n=3; 43%)	Increased complexity (n=2; 33%)	Keeping a greater concentration of promotion and prevention activities and measures (n=5; 33%)
Sub-theme 2	Cultural sensitivity (n=2; 29%)	Lack of intensive services (n=2; 33%)	Support and involve families and peers (n=4; 27%)
Sub-theme 3	Promotion and prevention activities (n=1; 14%)	Active screening (n=1; 17%)	Intervention in the community (in families and where youth are) (n=2; 13%)
Sub-theme 4	Stigmatization (n=1; 14%)	Stigmatization in rural areas (n=1; 17%)	

Access and wait times

In total, this theme received 17 comments in 7 sub-themes.

Positive aspects

In total, 3 comments were grouped into 3 sub-themes concerning the positive aspects of this theme. As shown in Table 11, the sub-themes are:

- Walk-in clinics (33%)
- Certain free services (33%)
- Separate waiting list for Francophone clients (33%)

Obstacles

In total, 7 comments were grouped into 1 sub-theme concerning the obstacles for this theme. As shown in Table 11, the sub-theme is:

- Wait times (100%)

Improvements

In total, 7 comments were grouped into 3 sub-themes concerning the obstacles for this theme. As shown in Table 11, the sub-themes are:

- Availability and access to services in the west (Champlain) (43%)
- Wait times (43%)
- Improvement to triage of waiting lists (14%)

Main findings

Although access and wait times represent a distinct themed, the comments gathered in that respect shed some light on MHA. More specifically, elements that reach a certain level of saturation do not provide any details or direction concerning the theme. This may be because access and wait times are more the result of a series of elements that interact in health services. However, some HSPs note that free services, walk-in clinics and a specific waiting list for Francophones are "success" in MHA services, while some HSPs note the need to improve access and the availability of services in the western part of the Champlain Region and to review conduct related to the triage of clients on waiting lists.

Table 11: Main sub-themes related to access and wait times

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Walk-in clinics (n=1; 33%)	Wait times (n=7; 100%)	Availability and access to services in Champlain West (n=3; 43%)
Sub-theme 2	Certain free services (n=1; 33%)		Wait times (n=3; 43%)
Sub-theme 3	Separate waiting list for Francophone clients (n=1; 33%)		Improved triage of wait lists (n=1; 14%)

Availability and organization of services

In total, this theme received 40 comments in 17 sub-themes.

Positive aspects

In total, 8 comments were grouped into 4 sub-themes concerning the positive aspects of this theme. As shown in Table 12, the sub-themes are:

- Designation of FLS (50%)
- Variety of services offered (25%)

In total, these categories represent 6 of 8 comments, or 75% of comments concerning the positive aspects of availability and organization of MHA services. The other sub-themes, with just 1 comment each, are related to MHA education in schools and support when obtaining services.

Obstacles

In total, 14 comments were grouped into 6 sub-themes concerning the obstacles for this theme. As shown in Table 12, the sub-themes are:

- Rural service zones (29%)
- Availability of services (21%)
- Active offer (21%)

In total, these categories represent 10 of 14 comments, or 71% of comments concerning the obstacles to availability and organization of MHA services. The other sub-themes, with 1 or 2 comments each, are related to the offer of coordinated services to families, the integration of mental health and addiction services and rigid service models.

Improvements

In total, 18 comments were grouped into 7 sub-themes concerning improvements for this theme. As shown in Table 12, the sub-themes are:

- Active offer of FLS (33%)
- Availability of psychiatric and specialist services (22%)
- Walk-in clinics (17%)

In total, these categories represent 13 of 18 comments, or 72% of comments concerning improvements to the availability and organization of services. The other sub-themes, with 1 or 2 comments each, are related to the availability of intensive and emergency care and support services, the availability of MHA services in schools and the availability of residential treatments and day programs.

Main findings

In light of the main sub-themes examined, it is reasonable to believe that there is an ongoing effort to offer a variety of FLS with a view to designated services. However, some HSPs note the offer and availability of FLS and the offer of services in rural areas remain major challenges. Thus, the HSPs suggest ongoing work to improve active offer and the availability of specialist and psychiatric services. Finally, the HSPs suggest the development of more French-language walk-in clinics to meet the needs of Francophone youth.

Table 12: Main sub-themes related to availability and organization of services

Main sub-themes	*Positive aspects*	*Obstacles*	*Improvements*
Sub-theme 1	Designation of FLS (n=4; 50%)	Rural service zones (n=4; 29%)	Active offer of FLS (n=6; 33%)
Sub-theme 2	Variety of services offered (n=2; 25%)	Availability of services (n=3; 21%)	Availability of psychiatric and specialist services (n=4; 22%)
Sub-theme 3		Active offer (n=3; 21%)	Walk-in clinics (n=3; 17%)

Recruitment, support and development of human resources

In total, this theme received 21 comments in 15 sub-themes.

Positive aspects

In total, 2 comments were grouped into 2 sub-themes concerning the positive aspects of this theme. As shown in Table 13, the sub-themes are:

- Availability of training (50%)
- Engagement and competency of staff (50%)

Obstacles

In total, 5 comments were grouped into 3 sub-themes concerning the obstacles for this theme. As shown in Table 13, the sub-themes are:

- Recruitment and retention of qualified, bilingual human resources (60%)
- French-language training resources (20%)
- Recognition of human resources (20%)

Improvements

In total, 14 comments were grouped into 11 sub-themes concerning improvements for this theme. As shown in Table 13, the sub-themes are:

- Recruitment of Francophones in college (50%)
- Improvement of competencies elated to the quality of service and complex needs (14%)

In total, these categories represent 5 of 14 comments, or 35% of comments concerning improvements to the recruitment, support and development of human resources in MHA. The other sub-themes, with 1 comment each, are related to knowledge of community services from physicians, pay equity between employees in community and institutional settings, hiring professionals trained in mental health for ages 0-12, facilitating support and access to French courses, sharing resources, employee retention, the use of strategies that include equity, diversity and inclusion, Francophone resources and facilitation of access to training for clinical teams.

Main findings

Only two comments highlight positive aspects concerning the recruitment, support and development of human resources in MHA. Indeed, they only represent 10% (2/21) of all comments received concerning the theme being examined. Although there is training available and staff are engaged and competent, recruitment and retention of qualified, bilingual human resources remains the largest obstacle. Thus, the HSPs suggest the recruitment of Francophones in college and the improvement of competencies in relation to the complexity of needs. Finally, the variety of suggested improvements proposed by HSPs shows that there are may possible actions to be considered.

Table 13: Main sub-themes related to the recruitment, support and development of human resources

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Availability of training (n=1; 50%)	Recruitment and retention of qualified, bilingual human resources (n=3; 60%)	Recruitment of Francophones in college (n=3; 21%)
Sub-theme 2	Engagement and competency of staff (n=1; 50%)	Training resources in French (n=1; 20%)	Improvement of competencies related to the quality of service and complex needs (n=2; 14%)
Sub-theme 3		Recognition of human resources (n=1; 20%)	

USERS' PERSPECTIVE

This section of the chapter presents the results from the focus groups. All participants' responses are presented as a summary of content in the following subsections for ease of reading of the highlights.

Methodology

To obtain a comprehensive overview of the MHA needs of children and youth, three participant groups were identified in cooperation with project partners:

- Youth aged 12-14 for MHA
- Youth aged 15-18 for MHA
- Parents of children with MHA needs

Given the context of the COVID-19 health crisis, all focus groups were held by videoconference on the Zoom platform.

Project partners sent out email invitations to take part in the focus groups within their network of partners and within their base of service users. Those invitations included the purpose of the consultation, the date, the time and the link to access the videoconference. To seek greater participation in the focus groups, a reminder email was sent to potential participants. The focus groups were held on different days of the week, between Monday and Thursday at 6:30 p.m., for 90 minutes. More specifically, the focus groups were held on April 26 and 28, 2012. As well, psychological assistance and support resources were made available to participants to ensure their well-being following their participation in the focus groups.

To ensure that the questions corresponded to the realities of the participants, two questionnaires were developed: one for groups of youth concerning MHA and one for the group of parents concerning MHA. The questionnaires were developed using the elements raised in the THRIVE Report (2017), questions and results from other chapters of this project, and in cooperation with stakeholders experienced with the age groups and topics in question. As well, the questions were validated by the members of the project's advisory committee.

To ensure that the focus groups went well, several roles were shared among project partners. Depending on the group, one or two people facilitated the discussions and another person provided technical support. As well, two people took notes to ensure the accuracy of the results, as the discussions were not recorded. Finally, the summaries of the content were developed based on the notes taken.

Youth aged 12-14

The focus group involved 7 youth aged 12-14. More specifically, 2 participants were 12 years old, 2 were 13 and 3 were 14, from the Champlain East area.

Perception of mental health

Depending on the participants, mental health varied from "OK" or "not bad" and feeling very well. Some also noted that it depends on the person, their choice of how they feel. There was agreement that it is important to take care of mental health to avoid "burning out" and to manage emotions.

Management strategies

In terms of obtaining help, several means were identified, such as taking time for yourself, meditating, doing yoga, doing physical activity, reading and obtaining social support from parents and friends. Consulting a psychologist, a therapist or a caseworker and obtaining help in French concerning mental health is also important, as the use of French allows individuals to be more comfortable and to use more complex words to express themselves. Several participants or some members of their families used professional services or social support within their environment.

Experience and obstacles

Among the obstacles identified, one participant mentioned that he does not feel comfortable sharing with someone he does not know, while others noted that they felt they were not being listened to and that the caseworker was not paying attention to them, or that the caseworker raised topics for which the

participant did not feel that he or she had a need. One participant stated that the wait time was too long (several months), while another stated that he had been put on hold when using a suicide prevention line: [translation] "You should be able to speak to someone right way. It's not very professional." Otherwise, one participant said that his poor self-esteem is an obstacle to making the efforts needed to obtain help. In that sense, another participant stated that it is easier to obtain support from a family member, particularly because that person is familiar with the situation. Finally, the relationship of trust with the support person is very important.

Access to support services

Several participants also note the difficulty in accessing services because they are offered primarily during class or lunch times, close early in the evening and are not open on weekends. As well, the distance to travel between the service centres and schools are such that participants miss even more school and not all schools have caseworkers. In this respect, one participant noted that the use of virtual systems from school (using Zoom, for example) could be a solution. A participant also noted that there are not a lot of addiction programs available. Otherwise, some participants would like to have more "drop-in" services or peer helper programs.

Possible solutions

Participants know about some resources that are available to them, such as Valoris, the Hawkesbury Hospital, the Carrefour de ressources in Rockland, The Hub (Cornwall), the Kids Help Phone and other online resources. They have learned about these resources online, by word of mouth, because they were mentioned by a teacher and from posters in schools or other places. Participants feel that there could be more advertising about the services available on Instagram, TikTok, Snapchat, YouTube or even in video games. Some participants mentioned that the use of emails and SMS chat would also be a way to publicize various services intended for them. Also, some participants would use applications as a resource to meet their mental health needs. For instance, one participant used the application Your Mood (in English) and would continue to use it if it were free. Another participant uses the application Headspace to help him meditate and relax, while having the option of setting the application to his language of choice. Among the other participants, some expressed their interest in using an application to help with their mental health, particularly in circumstances involving conflictual friendships. The application must have the effect of reassuring the user.

Youth aged 15-18

The focus group involved 13 youth aged 12-14. More specifically, 5 participants were aged 15, 1 was 16, 6 were 17, and 1 was 18.The participants were from the Champlain East region.

Perception of mental health

The participants' perception of mental health varied from anxiety disorders (anxiety, PTSD, panic disorders, etc.) and a feeling of total well-being. More specifically, several participants mentioned that good mental health is based on a series of interactions between self-acceptance, personal hygiene, physical exercise, diet and rest.

Management strategy

Participants raised several self-management strategies: reading, physical and artistic activities, listening to music, generally doing things they enjoy and sharing how they feel with someone they trust or consulting a health professional. Some participants received help or accompanied someone receiving help from a health professional. Several participants noted that it is important for them to obtain these services in their primary language because that allows them to better express their emotions. Other participants mentioned that they did not mind receiving services in English. One important element is feeling good and being comfortable with the person with whom they are sharing their feelings. In that sense, several participants would be more included to seek out the

people around them before taking steps to consult a health professional.

Experience and obstacles

As well, anxiety, shyness, trust, stigmatization, a lack of information and the cost of services are obstacles that were raised. Several participants also mentioned that family can be an obstacle due to a fear of reprisals because family are the problem, or because mental health is a taboo topic or is downplayed. Some participants are also afraid to talk about their problem do not feel that their problem is important enough to get help. However, when they take the first steps to get help, several note the importance of access and an immediate response because self-management must take place immediately, particularly when parents are absent, to avoid repercussions in their environment. If immediate help is not obtained, one participant noted the importance of obtaining a response about obtaining a service (such as an appointment, for example). However, one participant noted that the need for an immediate response depends on the situation, but that he must not feel forced to accept the help that is offered. As such, 10 of 13 participants would feel comfortable seeking help and they identified several resources in the community (Montfort Hospital, Valoris, Suicide Hotline, Robert Smart, Youth Wellness Hub, school caseworkers).

Access to support services

Participants noted that the cost of services, transportation and the services' business hours are limitations to access to the services. For instance, it is hard to access services after school, particularly given the distance to the point of service. As well, the shortage of information is an obstacle to access and to navigating MHA services. For instance, there are lists of resources but they are not up-to-date or there is no description of the resources, other than the title and location of the service. One participant also noted it is also important for the person's doctor and other professionals to have access to information about the availability of services to better refer the needs that are expressed. Finally, one participant suggested that it would be important to have access to a 24/7 emergency service or a housing service.

Possible solutions

As a possible solution, participants identified the existence of a list (up-to-date) describing the resources available, whether they are free or indicating the related costs, that would be accessible and posted in the areas they frequent (such as schools or workplaces that hire youth). That same list could also be accessible on a website that lists existing mental health services covered by the government or support groups. In that sense, there could also be a "chat" service to connect users to a resource for support for their problems. Finally, an application for taking notes on their day could be useful. More specifically, the use of an application would require that it be easy to read and use and use icons to minimize the amount of text.

Parents

Three adults took part in a focus group on MHA needs. More specifically, one parent lives in Champlain West with an 11-year-old son who has been receiving services since the age of 6; one parent lives in Ottawa East with a 10-year-old son who has been receiving services for several years; and one parent lives in Ottawa with two daughters who have been receiving services for a few years.

Experience with health and social services

One participant is Anglophone and has always obtained services in English, although his children attend school in French. Although it took five therapeutic approaches over about 10 years and all those who intervened wanted to do well, they were limited by their expertise. The participant also feels that there was a lack of coordination between the various therapeutic approaches and a lack of family involvement throughout the process and treatments. The participant noted that it was hard to obtain services, even in English. The participant said that repeating the clinical history to each new caseworker which led to burnout.

Another participant reported that he had been correctly referred initially by services at the school but access to services in French remains difficult. For instance, admissions to services are done solely in English although the family is Francophone. AS well, the family lives 1:45 from Ottawa (west), making access to French-language services even more difficult given the lack of such services in Champlain West. However, virtual services provided more service options but the continuity of services with the same person is a problem. In that sense, the participant noted the high rate of turnover among professional within the organization where he obtains support. For instance, the family had dealt consecutively with four different caseworkers, meaning that the support process had to start over each time. As well, the organization changed its procedure concerning the waiting list by limiting the number of consultations to four. Since that was not enough, the family had to turn to the private sector to continue obtaining services.

The third participant had to obtain a neuropsychological assessment (for the child) in Quebec to quickly obtain a service in French. However, he obtains all his services in French in Ottawa and is always very satisfied with the services; it is primarily access that is difficult. For instance, the family complements public services with private services. As well, the participant feels that some interventions are counter-productive for other approaches. In effect, several take place at the same time, for several symptoms, without overall management of the case. They are also carried out without any communication between the various caseworkers or consideration of the effects of one intervention on the others.

Difficulties

All participants noted the lack of coordination and overall case management, thus causing inconsistencies in services. This places all the responsibility for coordination on the parents, who do not necessarily have the knowledge to do so and this leads to burnout. As well, this investment of time and energy leaves siblings feeling neglected. The participants thus raised the importance of support for parents and the family and the importance of a diversity of services.

Service development

Participants suggest that support is needed for the entire family and for siblings, as well as the coordination of care and multidisciplinary services. On participant noted that it would also be important to equip school staff to better detect the mental health needs of youth. Finally, one participant suggested that a respite service would also be needed for parents to allow them to recharge. In short, it is critical that services be obtained the user's mother tongue.

Findings and limitations

Findings – Youth

We can draw some conclusions from the participants' comments:

- Obtaining services in French allows youth to express themselves more clearly, to feel understood and to have more trust in the support service.
- They express the need to establish a sense of what they are going through and that leads to a search for support services.
- They express a need to access complete information concerning the services available, including location, business hours and costs that may be required.
- The hours when services are available are inconsistent.
- The response to their need must be as quick as possible, as they may be in an acute situation of stress or crisis when they call on services.
- They express the need to feel listened to and considered by caseworkers.
- Transportation and costs related to services are obstacles to accessing services.

- Family is discussed more as a resource for youth aged 12-14, while family is an obstacle for some youth aged 15-18.
- Some already use or would be open to obtaining support in a virtual format.

Findings – Parents

We can draw some conclusions from the participants' comments:

- Obtaining services in French is critical to the families' and children's understanding and to the communication of needs.
- Access to services and wait times are long.
- There is a need for respite services and support for parents and siblings.
- The high rate of turnover among health staff interrupts the continuity of services, meaning that accompaniment must start over.
- There is a lack of coordination, communication and consistency among the services offered, meaning that it is the parents who bear all or most of the weight of coordinating services.
- Parents' responsibility for coordinating services leads to burnout.
- Families use private services to fill the gaps in health and social services available in the public sector.
- There is an interruption in the continuum of care and a break in services when children reach the age of majority.
- Specialized services are centralized in Ottawa.

Limitation in interpreting the results

The main limitation in this component of the study is related to the generalization of results. On the one hand, all the youth who participated were from the United Counties of Prescott-Russell. There is therefore no representation of the needs of youth in other areas of the Champlain Region and we therefore cannot say that the needs expressed are representative of the realities of youth in neighbouring areas.

There is also a gap in regional representation among participants who took part in the focus group for adults. More specifically, there were not enough participants to draw clear conclusions. However, given the similarity and a certain saturation of several comments in all groups, some trends can be established. In short, the results and findings expressed in this component are only related to the perspectives of the individuals who took part in the discussions.

CHAPTER 6: NEEDS AND DEMAND FOR SERVICES RELATED TO COMPLEX MEDICAL NEEDS

This chapter presents the results and findings related to needs and demand for services related to CMN among Francophone youth in the Champlain Region, based on the perspectives of HSPs and service users.

PROVIDERS' PERSPECTIVE

This section presents the main themes and sub-themes that emerge from the comments received during the collection of data from HSPs. More specifically, each theme will be presented based on the main trends identified from the comments gathered concerning positive aspects, the main obstacles and desired improvements in relation to CMN. The themes identified are as follows:

- Integration, coordination and trajectories
- Referral and navigation
- Financial and material resources
- Promotion, prevention and community support
- Access and wait times
- Availability and organization of services
- Recruitment, support and development of human resources

Methodology

The themes and sub-themes were identified based on comments from HSPs concerning CMN. More specifically, the comments were deconstructed into key concepts. Those key concepts were then grouped and ranked repeatedly to determine the themes and sub-themes. The comments were then counted by corresponding theme and sub-theme.

Some comments include several ideas for more than one sub-theme and were therefore counted in more than one.

Integration, coordination and trajectories

In total, this theme received 66 comments in 27 sub-themes.

Positive aspects

In total, 20 comments were grouped into 11 sub-themes concerning the positive aspects of this theme. As shown in Table 14, the sub-themes mentioned most often were:

- Coordination (25%)
- Collaboration and inter-agency partnerships (25%)
- Coordination between the school sector and the clinical team (10%)

In total, these sub-themes received 12 of the 20 comments, or 60% of the comments concerning the positive aspects of integration, coordination and trajectories related to CMN services. The other sub-themes, with just 1 comment each, are related to the transition of care from the day program to community programs, health links, the integration of services, collaboration with departmental representatives, improved services through multidisciplinary teams, the sharing of resources, community collaboration concerning assistance for families and better research practices and probative data.

Obstacles

In total, 11 comments were grouped into 6 sub-themes concerning the obstacles for this theme. As shown in Table 14, the sub- theme mentioned most often (n-6) is:

- The offer of services in silos (55%)

The other sub-themes, with just 1 comment each, are related to departmental silos, the inclusion of a physician in the school team, collaboration between hospitals and agencies, receipt of information by community clinicians and communication and sharing of clinical history.

Improvements

In total, 25 comments were grouped into 8 sub-themes concerning improvements for this theme. As shown in Table 14, the sub-themes mentioned most often are:

- Inter-agency inter-sectoral coordination and collaboration (40%)
- The integration of services in rural areas and in schools (16%)
- Development of a single window to promote case management (12%)

In total, these sub-themes received 17 of 25 comments, or 68% of comments concerning improvements related to integration, coordination and trajectories in CMN services. The other sub-themes concerning improvement, with 1 or 2 comments each, are related to transition and referrals between hospitals and agencies, the transition of clients to adulthood, inter-service communication to provide all key medical information, understanding the complexity and inter-sectoral opportunities for shared education concerning the care continuum.

Main findings

In light of the main themes identified, it is reasonable to believe that there is an effort and desire for coordination and collaboration to establish partnerships between agencies and with schools. However, the main obstacle is the difficulty in developing an integrated offer of services to eliminate the current silos. In this sense, HSPs suggest maintaining efforts for coordination and collaboration between agencies and the various care sectors and to develop a single window to support case management. Finally, HSPs suggest improving the integration of services in rural areas and in schools.

Table 14: Main sub-themes related to integration, coordination and trajectories

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Coordination (n=5; 25%)	Offer of services in silos (n=6; 55%)	Inter-agency and inter-sectoral coordination and collaboration (n=10; 40%)
Sub-theme 2	Collaboration and inter-agency partnerships (n=5; 25%)		Integration of services in rural areas and in schools (n=4; 16%)
Sub-theme 3	Coordination between schools and the clinical team (n=2; 10%)		Development of a single window to foster case management (=3; 12%)

Referral and navigation

In total, this theme received 17 comments in 10 sub-themes.

Positive aspects

In total, 4 comments were grouped into 2 sub-themes concerning positive aspects of this theme. As shown in Table 15, the sub-themes mentioned most often are:

- Appropriate referral to FLS (50%)
- Coordinated access (50%)

Obstacles

In total, 6 comments were grouped into 4 sub-themes concerning obstacles for this theme. As shown in Table 15, the sub-themes mentioned most often (n=6) are:

- Availability of information concerning FLS (50%)
- Caseworkers' knowledge to allow them to communicate the appropriate service to clients (17%)
- Sharing information between agencies and hospitals (17%)
- Clarity of the continuum (17%)

Improvements

In total, 7 comments were grouped into 4 sub-themes concerning improvements for this theme. As shown in Table 15, the sub-themes mentioned most often are:

- Development of an informative and up-to-date website or directory (43%)
- Access to clear information concerning FLS (29%)
- Visibility and promotion of services (14%)
- Exchange of information concerning mental and physical health (14%)

Main findings

In light of the main sub-themes identified, it is reasonable to believe that there is an effort and desire to offer coordinated access and refer clients to the appropriate FLS. However, there is not enough clear information available concerning services with sufficient capacity to be offered in French, which is reflected in the ability of caseworkers to properly communicate the trajectory or refer clients to adequate FLS. As such, HSPs suggest the development of an informative and up-to-date website or directory, thus providing access to clear information about FLS.

Table 15: Main sub-themes related to referral and navigation

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Appropriate referral to FLS (n=2; 50%)	Availability of information to allow for navigation (n=3; 50%)	Development of an informative and up-to-date website or directory (n=3; 43%)
Sub-theme 2	Coordinated access (n=2; 50%)	Capacity to communicate the service trajectory to the family (n=1; 17%)	Access to clear information concerning FLS (n=2; 29%)
Sub-theme 3		Sharing information between agencies and hospitals (n=1; 17%)	Visibility and promotion of services (n=1; 14%)
Sub-theme 4		Clarity of the continuum (n=1; 17%)	Exchange of information concerning mental and physical health (n-1; 14%)

Financial and material resources

In total, this theme received 26 comments in 17 sub-themes.

Positive aspects

In total, 3 comments were grouped into 2 sub-themes concerning the positive aspects of this theme. As shown in Table 16, the sub-themes mentioned most often are:

- Funding of certain services so they remain free (67%)
- Direct funding to the family (33%)

Obstacles

In total, 11 comments were grouped into 6 sub-themes concerning obstacles for this theme. As shown in Table 16, the sub-themes mentioned most often are:

- Funding off capacity based on needs (45%)
- Funding of coordinated access (18%)

In total, these sub-themes represent 7 of 11 comments, or 63% of comments concerning obstacles related to financial and material resources in CMN. The other sub-themes, with just 1 comment each, are related to adapted equipment, budget cuts, the lack of funding for home services and an adequate internet connection.

Improvements

In total, 7 comments were grouped into 4 sub-themes concerning improvements for this theme. As shown in Table 16, the sub-theme mentioned most often (n=4) is:

- Dedicated funding for FLS (33%)

The other improvements, with just 1 comment each, are funding for French-language training, funding for additional collateral time for physicians for medical management of patients, funding for support for caregivers to avoid burnout, funding for linguistic support for HSPs that offer FLS, allocation of funding for a course focused on education for parents as caregivers, more funding for respite services and community services.

Main findings

Few comments highlight the positive aspects related to financial and material resources for CMN. Indeed, they represent only 12% (3/26) of all comments received concerning this theme. Although there is funding of certain services so they remain free and funding allocated directly to the family, the funding of support for coordinated access and the funding needed to meet the needs of families remains inadequate. Indeed, HSPs suggest dedicated funding specifically for FLS support.

Table 16: Main sub-themes related to financial and material resources

Main sub-themes	*Positive aspects*	*Obstacles*	*Improvements*
Sub-theme 1	Funding of certain services so they remain free (n=2; 67%)	Funding of capacity based on needs (n=5; 45%)	Dedicated funding for FLS (n=4; 33%)
Sub-theme 2	Direct funding to the family (n=1; 3%)	Funding of coordinated access (n=2; 18%)	

Promotion, prevention and community support

In total, this theme received 24 comments in 13 sub-themes.

Positive aspects

In total, 9 comments were grouped into 3 sub-themes concerning the positive aspects of this theme. As shown in Table 17, the sub-themes mentioned most often are:

- Diversity of services adapted to the needs of families (44%)
- Cultural awareness of the realities for the public and HSPs (44%)
- Broadening of the definition of specific complex needs (12%)

Obstacles

In total, 6 comments were grouped into 5 sub-themes concerning obstacles for this theme. As shown in Table 17, the sub-themes are:

- Cultural sensitivity concerning Francophones (33%)
- Systemic barriers for immigrant, racialized and LTBTQ2 communities (17%)
- Early discharge (17%)
- Insufficient respite services for families (17%)
- Insufficient services for multiple needs (17%)

Improvements

In total, 9 comments were grouped into 5 sub-themes concerning improvements for this theme. As shown in Table 17, the sub-themes mentioned most often are:

- Identification and correspondence of needs (33%)
- Early and active screening in schools (22%)
- Offer and options for respite (22%)

In total, these sub-themes represent 7 of 9 comments, or 78% of comments concerning improvements related to promotion, prevention and community support for CMN. The other sub-themes, with just one comment each, are related to cultural sensitivities and family involvement.

Main findings

IN light of the main sub-themes examined, it is reasonable to believe that there is an ongoing effort concerning promotion, prevention and community support activities, with a view to diversity of services adapted to the needs of families, awareness of cultural realities and a broadening of definitions to allow greater access to services. However, HSPs note obstacles related to cultural sensitivity and insufficient services for multiple needs and respite services. As such, HSPs suggest improvements in the identification of client needs and early and

Table 17: Main sub-themes related to promotion, prevention and community support

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Diversity of services adapted to the needs of families (n=4; 44%)	Cultural awareness of Francophones (n=2; 33%)	Identification and correspondence of needs (n=3; 33%)
Sub-theme 2	Cultural awareness of realities among the public and HSPs (n=4; 44%)	Early discharge (n=1; 17%)	Early and active screening (n=2; 22%)
Sub-theme 3	Broadening of the definition of specific complex needs (n=1; 12%)	Insufficient respite services for families (n=1; 17%)	Offer and options for respite (n=2; 22%)
Sub-theme 4		Insufficient services for multiple needs (n=1; 17%)	
Sub-theme 5		Systemic barriers for immigrant, racialized and LGBTQ2 communities (n=1; 17%)	

active screening in schools to better meet needs. Finally, HSPs suggest an improvement to the offer and options of respite.

Access and wait times

In total, this theme received 16 comments in 8 sub-themes.

Positive aspects

There was just one positive comment about access and wait times in CMN:

- Fast and regular access to a telepsychiatry service (100%)

Obstacles

In total, 10 comments were grouped into 4 sub-themes concerning obstacles for this theme. As shown in Table 18, the sub-themes are:

- Transportation in rural areas (50%)
- Centralization of services in Ottawa (30%)

In total, these sub themes represent 8 of 10 comments, or 80% of comments concerning obstacles related to access and wait times in CMN. The other sub-themes, with just 1 comment each, are related to service fees and waiting lists.

Improvements

In total, 5 comments were grouped into 3 sub-themes concerning improvements for this theme. As shown in Table 18, the sub-themes are:

- Service access times (60%)
- Free services (20%)
- Mobile Services (20%)

Main findings

Only one comment highlights the positive aspects related to access and wait times in CMN. Indeed, it represents only 6% (1/16) of all comments received concerning this theme. Although there is fast and regular access to a telepsychiatry service, the centralization of services in Ottawa and transportation for clients living in rural areas remain major obstacles concerning access and waits for services. Thus, HSPs suggest improving access and wait times related to CMN with the offer of mobile services and an offer of free and immediate services.

Table 18: Main sub-themes related to access and wait times

Main sub-themes	*Positive aspects*	*Obstacles*	*Improvements*
Sub-theme 1	Fast and regular access to a telepsychiatry service (n=1; 100%)	Transportation in rural areas (n=5; 50%)	Service access times (n=3; 33%)
Sub-theme 2		Centralization of services in Ottawa (n=3; 30%)	Free services (n=1; 20%)
Sub-theme 3			Mobile services (n=1; 20%)

Availability and organization of services

In total, this theme received 42 comments in 21 sub-themes.

Positive aspects

In total, 14 comments were grouped into 7 sub-themes concerning positive aspects of this theme. As shown in Table 19, the sub-themes mentioned most often are:

- Quality of pediatric care (36%)
- Availability of virtual care and services (21%)
- Multi-service access in one place (14%)

In total, these themes represent 10 of 14 comments, or 71% of comments concerning positive aspects of availability and organization of CMN services. The other sub-themes, with just one comment each, are related to case management, a risk assessment table, mental health support and adapted school placement.

Obstacles

In total, 16 comments were grouped into 7 sub-themes concerning obstacles for this theme. As shown in Table 19, the sub-themes mentioned most often are:

- Capacity to offer FLS (38%)
- Dispersion and fragmentation of services and support (31%)

In total, these sub-themes represent 11 of 16 comments, or 69% of comments concerning obstacles to the availability and organization of CMN services. The other sub-themes, with just 1 comment each, are related to the availability of group activities, beds for crisis situations, the lack of virtual care and services, the availability of specialized services and the inclusion of the attending physician in meetings of the planning and care team.

Improvements

In total, 12 comments were grouped into 7 sub-themes concerning improvements for this theme. As shown in Table 19, the sub-theme mentioned most often (n=6) is:

- Development of a plan for French-language services and active offer (50%)

The other sub-themes, with just 1 comment each, are related to the ability to obtain services in a single place through a service hub, the coordination of services, holding group activity sessions (in-person), the quality of services outside Ottawa, support from school services and the availability of virtual care and support in rural areas.

Main findings

In light of the main sub-themes examined, it is reasonable to believe that there is an ongoing effort to offer accessible, quality services. However, some HSPs note a dispersion and fragmentation of services and support and difficulties concerning the ability to offer FLS. As such, HSPs suggest the development of a plan for French-language services, including active offer.

Table 19: Main sub-themes related the availability and organization of services

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Quality of pediatric care (n=5; 36%)	Capacity to offer FLS (n=6; 38%)	Development of a plan for French-language services and active offer (n=6; 50%)
Sub-theme 2	Availability of virtual care and services (n=3; 21%)	Dispersion and fragmentation of services and support (n=5; 31%)	
Sub-theme 3	Multi-service access in one place (n=2; 14%)		

Recruitment, support and development of human resources

In total, this theme received 26 comments in 14 sub-themes.

Positive aspects

In total, 4 comments were grouped into 4 sub-themes concerning positive aspects of this theme. As shown in Table 19, the sub-themes are:

- Tacit experience of employees (25%)
- Support for certain medical interventions at home (25%)
- Contribution of nurse practitioners (25%)
- Understanding of the mental health needs of youth (25%)

Obstacles

In total, 11 comments were grouped into 3 sub-themes concerning obstacles for this theme. As shown in Table 20, the sub-themes are:

- Lack of specialists and qualified bilingual and Francophone staff (55%)
- Shortage of specialists and professionals with expertise in the field of CMN (27%)
- Recruitment and training (18%)

Improvements

In total, 11 comments were grouped into 7 sub-themes concerning improvements for this theme. As shown in Table 20, the sub-themes mentioned most often are:

- Attracting and retaining Francophone specialists and pediatricians (27%)
- Improving recruitment (18%)
- Increasing the number of professionals working in the community (18%)

In total, these sub-themes represent 7 of 11 comments, or 64% of comments concerning improvements in recruitment, support and development of human resources in CMN. The other sub-themes with just 1 comment each, are related to training and awareness of physicians, establishing ties to French-language educational institutions, investing in the workforce and painting a picture of the gaps in the availability of qualified staff in various areas of practice related to CMN.

Main findings

Only four comments highlighted positive aspects related to the recruitment, support and development of human resources in CMN. Indeed, they represent 15% (4/26) of all comments received concerning this theme. Although employees and nurse practitioners are experienced, understand the mental health needs of youth and support certain medical interventions at home by sharing their expertise with parents, there is a shortage of qualified and bilingual or Francophone specialists, professionals and staff due to difficulties in recruitment and training. Thus, HSPs suggest attracting Francophone specialists and pediatricians and

Table 20: Main sub-themes related the recruitment, support and development of human resources

Main sub-themes	***Positive aspects***	***Obstacles***	***Improvements***
Sub-theme 1	Tacit experience of employees (n=1; 25%)	Lack of qualified bilingual or Francophone specialists and staff (n=6; 55%)	Attract and retain Francophone specialists and pediatricians (n=3; 27%)
Sub-theme 2	Support for certain medical interventions at home (n=1; 25%)	Shortage of specialists and professionals with expertise in the area of CMN (n=3; 27%)	Improve recruitment (n=2; 18%)
Sub-theme 3	Contribution of nurse practitioners (n=1; 25%)	Recruitment and training (n=2; 18%)	Increase the number of professionals working in the community (n=2; 18%)
Sub-theme 4	Understanding of the mental health needs of youth (n=1; 25%)		

improving recruitment measures related to CMN. Finally, HSPs suggest increasing the number of professionals working in the community to support families struggling with CMN.

USERS' PERSPECTIVE

This section of the chapter presents the results from the focus groups. All participant responses are presented as a summary of content in the following subsections for ease of reading of the highlights. More specifically, the results are presented based on the emerging orientations of the responses.

Methodology

To obtain a comprehensive overview of the CMN needs of children and youth, a focus group was held with parents of children with needs related to CMN.

Given the context of the COVID-19 health crisis, all focus groups were held by videoconference on the Zoom platform.

Project partners sent out email invitations to take part in the focus groups within their network of partners and within their base of service users. Those invitations included the purpose of the consultation, the date, the time and the link to access the videoconference. To seek greater participation in the focus groups, a reminder email was sent to potential participants. The focus group was held on April 29, 2021, at 18:30, for 90 minutes.

To ensure that the questions corresponded to the realities of the participants, they were developed using the elements raised in the THRIVE Report (2017), questions and results from other chapters of this project, and in cooperation with stakeholders experienced with the age groups and topics in question. As well, the questions were validated by the members of the project's advisory committee.

To ensure that the focus group went well, several roles were shared among project partners. One person facilitated the discussions and another person provided technical support. As well, two people took notes to ensure the accuracy of the results, as the discussions were not recorded. Finally, the summaries of the content were developed based on the notes taken.

Parents

Seven families (single adults or couples) took part in the focus group. Five were from Ottawa, one from Embrun and one from Gatineau.

Experience with health and social services

All participants knew as soon as their child was born, or very shortly after, that their child had health challenges and difficulties. Several participants noted the fact that they are open to the services offered but they must become parents who are experts in their child's condition and in navigating the health system in order to meet their needs. As well, some feel guilty when they use respite services because they are concerned about how their child understands the people around them and vice versa, given the language barriers, particularly in circumstances where the child is non-verbal. In that sense, one parent is considering changing interactions with the child from French to English to build that linguistic capacity and increase the child's understanding with the various caseworkers, who are often unilingual Anglophones. Also, one participant noted that it is not uncommon that, even when caseworkers providing home care understand French, they interact with the child in English simply because professionals feel more comfortable in English, to the detriment of the child's understanding. The participant thus noted that he must insist that the professionals speak French with the child, even if the professional's French skills are basic. Finally, some participants noted that they must insist on obtaining French-language services, particularly when they go to various services where they know that staff have some Francophone capacity.

Positive aspects

Other than the availability of French-language services, participants shared that they generally have good relations with therapists and appreciate the home respite service. Also, a few nurses speak

French and offer practical advice concerning the care that the parent can provide to the child. As well, some participants suggest that medical follow-up in French and support from Francophone volunteers help in understanding case needs and follow-up. One participant also appreciates the quality of the complex care program once the case is taken in after a long wait time (over a year). The participant thus believes that management of the program (complex care) by a Francophone helps in understanding his needs. Finally, one participant is pleased that his child has access to a classroom in French that is specialized in complex needs.

Difficulties

First, several participants stated that the communication of information to parents needs to be improved. For instance, important and necessary documentation is only available in English, as are all email communications concerning activities, support and case follow-ups. Also, attempts to clarify medical terminology with staff are a challenge, as very few staff understand French.

In addition, services and activities are only offered in English and there is no coordination between Francophone needs and Francophone staff. For instance, one participant had to insist for his child to be able to be seen by the only Francophone physician available. It is also hard to obtain home support, particularly given the turnover of staff offering that service. This difficulty means that parents are constantly training staff that offer home respite, which contributes to their burnout. Finally, several participants reported that there is little or no support for parents and that there is a lack of information and referral in that respect. For instance, one participant stated that surprised when he was told that the mental health of parents is not part of the organization's mandate. Finally, some participants fear seeing their child with complex medical needs reach the age of majority, as they will be alone in organizing services for their child.

Developments and improvements in service

Participants identified serval aspects that require development and improvements. First, one participant insisted that all written communications and documents should be bilingual. This would help with understanding and the exchange of information with health services and professionals. Participants also mentioned that it would have been useful for them to be accompanied or have a kit to guide them as soon as they learned of their child's complex medical needs, which would allow them to immediately orient themselves, to direct them and educate them about navigating care and services and obtaining the resources that would be needed and useful throughout their child's life, including as they become an adult. Participants also believe that they should be accompanied more in that transition because they will suddenly no longer receive all the support services. As well, several participants mentioned that a housecleaning service would be useful as support, as that would give them time to rest, to spend quality time and do activities with their children or give time to siblings, who are often neglected as a result of the care given to the child with CMN. Finally, one participant suggested that they could be involved with decision-making bodies to express the needs of Francophone children and families and continue to actively demand Francophone care and services.

Findings and limitations

Parents

We can draw some conclusions from the participants' comments:

- Obtaining services in French is critical to the family and child's understanding and to the communication of needs.
- Families who have children with CMN must insist on obtaining French-language services, as they are not actively offered, or there is little or no consideration of language in the offer of services.
- Access to services and wait times are long.

- There is a need for respite and support services for parents and siblings.
- The high rate of turnover among health staff interrupts the continuity of services, meaning that all accompaniment must start over.
- There is a lack of coordination, communication and consistency in the services offered, meaning that the parents must bear all or most of the weight of coordinating services.
- The responsibility for parents of coordinating services leads to burnout.
- Families use Anglophone services to fill gaps in the health and social services available in French.
- Parents need support as soon as their child's CMN is identified so they can navigate and be guided in the steps needed to obtain the help and support they need.
- There is an interruption in the continuum of care and a break in services when a child reaches the age of majority.
- Specialized services are centralized in Ottawa.

Limitation in interpreting the results

The main limitation in this component of the study is related to the generalization of results. More specifically, there is a gap in regional representation among participants, as they are primarily from Ottawa (5/7; 71%). However, given the similarity and a saturation of several comments in all groups, some trends can be established. In short, the results and findings expressed in this component are only related to the perspectives of the individuals who took part in the discussions.

CHAPTER 7: GAPS AND POSSIBLE ACTIONS

This chapter presents the gaps and possible actions as a conclusion to the report. The results gathered lead to several findings, while describing the qualitative gaps related to FLS. Cross-references to the various sectoral studies make it possible to infer the gap between the reality encountered and what is desired.

The possible actions presented in this chapter are grouped according to the main themes identified in the sectoral studies on MHA and CMN. It should be noted that there is little difference in the findings for them. As a result, the following possible actions apply to both MHA services and services related to CMN. These possible actions may even apply to other sectors of health and social services.

INTEGRATION, COORDINATION AND TRAJECTORIES

Various data gathered indicate the colossal need for collaboration and coordination between HSPs in the integration of programs and services in the trajectories of French-language care and services. In that sense, the results who a fractioning, a dispersion and a lack of knowledge of FLS, as those that exist are generally offered in silos. As a result, parents bear much of the burden of harmonization and ensuring the consistency of services received, in addition to ensuring support for youth at home.

> **It is recommended that partner HSPs prioritize the offer of a continuum of MHA and CMN services in French.**

- Continue the inventory of programs and services with partner organizations and determine the respective capacities for offering FLS.
- Engage the actors involved in various areas of the lives of youth.
  - For instance, it would be good to involve schools in the coordination and integration of services to ensure clarity in the organization of roles.
- Choose and prioritize one or more service trajectories to determine how programs and services interact with a view to a continuum of French-language services.
  - It could be good to opt for a progressive approach that targets a specific program or service in order to minimize investments and maximize learning, and then transfer what has been learned to other service trajectories.
  - It could be important to ensure the participation of frontline staff who work in the chosen trajectory, as they may have knowledge that is useful to implementing the coordination of the service continuum.
  - It could help the success if there were a person/structure dedicated to the development of FLS coordination.
- Develop one or more shared strategies for gathering and transferring information between partners, particularly including the variable of the client's language in the care and service trajectory.
  - For instance, gathering the language variable in the admission process through centralized access could facilitate an integrated offer of services among partners, resulting in a clarification of roles and the reduction of services offered in silos.
- Determine collaborative mechanisms related to the chosen trajectory or trajectories and follow up regularly on the progress and coordination activities.

REFERRAL AND NAVIGATION

The results highlight the need to properly refer clients to FLS and several difficulties in navigating French-language services. In particular, there is a lack of availability of information on the offer of FLS and a lack of knowledge of the environment. This seems to show that caseworkers are not sufficiently able to communicate information clearly to clients to obtain FLS.

It is recommended that HSPs develop the ability to refer clients to MHA and CMN services available in French.

- Gather information concerning the offer of FLS in the region being served.
- With partner organizations, maintain an accessible directory containing clear, complete and up-to-date information to quickly identify FLS.
  - For instance, the portal created and discussed in Chapter 2 of this report is a dynamic solution for identifying the offer of FLS in the Champlain Region.
  - For instance, the information concerning services could include a short description or key words to identify the service's clientele, admission and access details and related costs, as applicable.
- Equip caseworkers to use the information needed for referrals and support for clients in navigating FLS.
  - It must be ensured that caseworkers identify and confirm the client's preferred language of service.
  - It must be ensured that caseworkers have access to the dynamic directory of FLS or to appropriate resources.

AVAILABILITY AND ORGANIZATION OF RESOURCES

The results highlight the deficits in adopting and implementing recognized organizational practices related to FLS.

It is recommended that HSPs develop and implement an FLS plan based on recognized practices rooted in the principles of active offer in relation to MHA and CMN.

- Identify recognized practices related to FLS.
  - For instance, identifying the preferred language and/or mother tongue is a recognized practice in relation to active offer.
- Identify organizational gaps related to active offer practices and implement recognized practices accordingly.
- Implement appropriate mechanisms for responding to FLS requests
- Implement communications and awareness measures related to the offer of FLS.

ACCESS AND WAIT TIMES

The results highlight the difficulties accessing FLS, seen in long wait times, issues concerning the availability of human resources, geographic and financial barriers, and concordance between the availability of services and clients.

It is recommended that HSPs develop practices related to access to services that reflect the reality and geographic availability of clients with MHA and CMN needs.

- Organize the offer of FLS while considering the school schedule of youth and their living environment.
  - For instance, flexible and diverse services, such as mobile services and walk-in clinics, facilitate access to services for youth.
- Ensure a rapid follow-up on service requests from youth.
- Use on virtual access strategies.

PROMOTION, PREVENTION AND COMMUNITY SUPPORT

The results highlight the importance of having good knowledge of the needs and realities of the communities being served, particularly in a context of limited resources and increasing complexity. In this sense, the results highlight the importance of considering all of the clients' psychosocial and cultural factors in order to identify and maintain

support for the individual in his or her environment and ensure the quality of services and interventions. However, the results indicate that only about half of respondents adopted feedback mechanisms related specifically to FLS.

> **It is recommended that HSPs develop active and passive mechanisms that provide feedback loops related to MHA and CMN.**

- Gather information concerning the offer of FLS in the region being served.
- Involve the clients being served in the identification of their needs.
  - For instance, there could be a committee of Francophone users or organizations could reserve seats for Francophones on their committees (BoD, various advisory committees, etc.).
- .Use active screening mechanisms.
- Maintain active data collection mechanisms.
- Raise awareness and promote established feedback mechanisms among clients.

> **It is recommended that HSPs develop an MHA service and communication strategy that is up-to-date and in line with digital trends.**

- Determine the websites, applications and other media that are most used by youth by age group.
  - For instance, some youth mentioned Instagram, TikTok, Snapchat, YouTube and even video games.
- Continually adapt awareness, promotion and delivery of services based on digital media trends among youth.
  - For instance, youth could be reached through promotion and prevention advertising on the more popular platforms and media.
  - For instance, some websites could include interactive tools.

RECRUITMENT, SUPPORT AND DEVELOPMENT OF HUMAN RESOURCES

The results indicate difficulties in recruiting and retaining qualified and bilingual resources, particularly specialists, and the adoption of an overall approach to complex needs. Indeed, there is a need to optimize human resources in a context of limited resources and demand that is growing and becoming more complex.

> **It is recommended that a regional strategy be developed for sharing and optimizing human resources.**

- Identify human resources who have French-language skills.
- Align human resources with the demand for FLS.
  - For instance, pairing clients who require FLS with human resources who have French-language skills related to appointment services is a smart allocation of human resources.
  - For instance, this could mean organizing the availability of FLS at specific times, based on the realities of the clientele, for walk-in services.
- Share information concerning the ability to offer FLS with partner organizations.
  - For instance, this would allow HSPs to refer clients to another provider who is adequately able to offer FLS when required.
- Develop solutions for sharing services and human resources based on established capacities.
  - Various means of sharing services or resources can coexist. For instance, services or human resources can be shared virtually.

It is recommended that a regional strategy be developed for recruiting, retaining and developing human resources in cooperation with partner HSPs.

- Recognize and value language skills as a professional competency.
  - The language skills of a health professional can be a competitive advantage for an organization, particularly when human resources must establish ties to others. Thus, achieving positive results, particularly in MHA, depends on the ability of the client to be and feel understood in order to trust the service being received and follow treatment. AS a result, French-language skills are an essential competency for understanding and resolving health problems or difficulties.
- Equip and educate human resources concerning the offer of FLS.

FINANCIAL AND MATERIAL RESOURCES

The results indicate significant obstacles related to funding, such as a disparity in funding between community services and acute care services, or even stable and recurring funding that would facilitate the planning and development of services. Although HSPs do not necessarily have any control over the availability of funding for their activities:

It is recommended that priority be placed on stable and recurring funding to coordinate the offer of FLS in relation to MHA and CMN.

OTHER SPECIFIC GAPS AND POSSIBLE ACTIONS

The results highlight some other important gaps. In this respect, all recommendations and findings reveal a lack of integration of services, which could accentuate the gaps observed. Thus, in a perspective of limited resources:

It is recommended that HSPs that offer most or all services in English be included in regional strategies for collaboration and coordination of care and services in French.

- Ensure that the needs of Francophone communities are understood and recognized.
- Develop and implement action strategies to respond to the demand for FLS.
  - For instance, HSPs can refer a client's request for FLS to an equivalent French-language service offered by another organization.
- Ensure a collective responsibility for trajectory and FLS.

Finally, the results highlight significant holes in services that shift some responsibilities to the families. This adds a daily burden to caregivers, pushing them closer to exhaustion and burnout. Thus:

It is recommended that parents and siblings be supported through support and respite services related to MHA and CMN.

It is recommended that, in participation with youth and families, a plan be established for the transition to adult MHA and CMN services.

APPENDICES

APPENDIX 1
SUGGESTIONS BY MENTAL HEALTH AND ADDICTION SERVICE PROVIDERS

The text in this appendix is taken directly from the responses to the surveys. To remain faithful to the respondent's intent, the text has been kept in its original language. Some minor corrections have been made as needed.

MENTAL HEALTH AND ADDICTION: WHAT WORKS WELL

- Continuum de soin
- Activités des préventions et promotion de la santé mentale
- Éducation en matière de toxicomanie et santé mentale en contexte scolaire
- Les services intégrés de Valoris permettent un accès et une navigation simple pour les clients qui présentent des besoins de services dans plus d'un domaine pour lequel Valoris est financé. Ceci diminue le nombre de professionnels impliqués dans la vie d'un client et augmente l'efficience au niveau de l'accès au service, puisque le même professionnel peut offrir plus d'un type de service dans ses zones de compétences.
- La collaboration avec les partenaires communautaire se fait surtout par l'entremise du Comité Consultatif pour les services de santé mentale pour enfants et familles de Prescott-Russell. Il y a une bonne connaissance des services offerts par les divers organismes représentés, ce qui permet de bien aiguiller les clients si un organisme n'est pas en mesure de répondre aux besoins identifiés.
- L'intégration de la pratique "Feedback-Informed Treatment" (FIT) chez Valoris permet de cerner rapidement quand un service n'est pas efficace pour un client, ce qui permet au professionnel de modifier l'offre de service durant son cours, afin que le client en retire les bénéfices recherchés. L'intégration de cette pratique permet aussi d'identifier quand le professionnel ou le service ne répond pas aux besoins du client, permettant ainsi l'identification et l'accompagnement du client vers un professionnel ou un service plus approprié.
- Des partenaires engagés qui ont la volonté de travailler ensemble pour améliorer les services de SMT
- Availability of services
- Choices of services
- Support when you get services
- Le travail de l'Équipe psycho sociale malgré le manque de reconnaissance et de ressources attribuées.
- Centre communautaire de santé mentale et de toxicomanie à Cornwall
- Valoris
- Increased partnership and coordination amongst service providers.
- Strong leadership regionally -CHEO, YSB, Crossroads
- Good identification of trends in the needs of children, young people and families.
- Community services help to reduce hospital utilization.
- increased efforts to collaborate and improve connectivity between groups who offer MH&A services.
- Numerous service providers within Champlain region (various access points) relative to other communities.
- Current initiatives to enhance access and coordination into the system (e.g., regional coordinated access, 1 call, 1 click)
- Increased collaboration as a result of COVID response, OHT development and leadership from groups like AMHO.
- Facilité d'accès : aller les rencontrer sur le terrain, proposer des activités qui aident à développer l'estime de soi, à vivre des expériences qui sont stimulantes.
- L'utilisation de la technologie (texto, tchat, etc.) à des heures diverses est nécessaire pour les jeunes et non pas seulement en moment de crise.
- Clinique sans rendez-vous peut remplir ce rôle de services rapides.
- Having a dedicated organization to deliver mental health and addictions services to Francophones works well.
- There is good collaboration between the Francophone organizations, including schools, in Ottawa.
- While there are gaps in services and exceptions, generally, community based mental health providers are providing quality mental health services
- reduced stigma
- starting to see more funding flowing towards mental health and addiction

- more training is available for service providers
- Community Mental health program coordinated through Pembroke Regional Hospital, Phoenix Program provides mental health services for youth and children.
- Plus grand accès aux services en français grâce aux services virtuels depuis la pandémie.
- Les organismes qui offrent des services aux enfants et aux jeunes semblent soucieux d'offrir le service dans la langue appropriée
- Access to mental health services in French Language and Culture
- Transitions and referrals between mental health services
- Access to Complex Mental Health Services
- There are some amazing community agencies who do so much with so little
- Commitment to working in a coordinated way is a huge asset within our community
- skilled committed staff providing necessary services and programs
- Bonne collaboration entre les prestataires des services
- Le système envisagé pour la santé mentale et le traitement de la toxicomanie a deux caractéristiques clés : il est axé sur le patient et sur son rétablissement
- Le système a le souci des besoins du patient/client dans le respect de ses sensibilités culturelles
- The development of the Ontario Health Team - Kids Come First
- The implementation of Lead Agencies across the province
- The advocacy and collaborative approach to issues from the networks
- The consultations and mapping that have been done in recent years (Moving on Mental Health, OHTs, etc.) that have clearly identified the issues and challenges that result in barriers to services that meet the actual needs of children, youth and their families. This work has also identified service gaps such as transitional age services and limited intensive services available for complex children, youth and their families.
- The cross sector commitment among agencies in Ottawa to work together in new ways where the primary focus is on client centered needs. The understanding that this may require realignment of existing services for improve coordination and response.
- Strong sector advocacy with provincial ministries (Health and MCCSS) for increased investments to support mental health and addiction services.
- Short waitlist for francophone services when requesting support from Canadian Mental Health Association
- Variety of services: crisis line, drop-ins, institutional services, community services
- Soins Virtuels
- Soins sans frais (ex : Valoris, Le Cap – Centre d'appui et de prévention)
- Services de santé mentale pour enfants et jeunes offerts en français à partir d'un organisme désigné francophone et en anglais à partir du milieu hospitalier. Services pour problèmes de dépendances offerts en anglais.
- Initiatives communautaires multi-agences
- Communauté informée, collaboration et partenariats interagences
- services de santé mentale disponible en français
- There are collaborative tables and agencies know each others' services well.
- All agencies were able to pivot in-person services to virtual care during pandemic to prevent service interruption
- Many initiatives from various local funders to provide immediate access to food baskets and technology for the most vulnerable during pandemic
- Improved coordination & access

MENTAL HEALTH AND ADDICTION: OBSTACLES TO THE PROPER FUNCTIONING OF SERVICES

- Coordination des services inter-agences
- Offre active des services en français
- Dépistage actif et référence vers les ressources spécialisées
- La disponibilité des services régionaux en français à l'extérieur de la zone de service de l'organisation peut être un défi pour les clients et les familles qui sont unilingues francophones, ou qui ont une compréhension limitée de la langue anglaise et pour qui ces services sont nécessaires.
- Le financement limité ne permet pas d'augmentation de la capacité de l'organisme malgré les besoins de la communauté.
- La coordination des services entre organisations peut être houleuse pour la clientèle. Les professionnels des

diverses organisations n'ont pas tous de bonnes compétences en coordination de services, ce qui rend le processus parfois complexe et difficile à naviguer par les clients.

- Manque de connaissances au niveau des services disponibles (la disponibilité des services ainsi que le personnel dans ces services changent continuellement donc difficile de se tenir à jour sur ce qui est offert, ou et par qui.
- Travail en silo (pas suffisamment de collaboration et de coordination)
- Insuffisance de financement alloué aux services de santé mentale et dépendance pour répondre aux besoins
- Accessibility
- Waiting Lists
- Lack of coordination
- Manque de reconnaissance et de ressources ($) pour l'Équipe psycho sociale de SDG
- Pas de continuum de services de santé mentale en français (mal intégré)
- Le mandat de Valoris est parfois conflictuel (protection vs intervention psycho sociale)
- Disparity in the resources available to service providers (e.g. technology).
- Inconsistent data collection which leads to gaps in information to assist in evidence-based planning.
- Unclear pathways (e.g. between schools and mental health service providers, between primary care providers and mental health service providers).
- Identifying and communicating the community supports and pathways for families and individuals who require mental health and substance use support.
- With respect to our services we are not included or connected and often are not aware if our patients are being followed or serviced by a MH&A service or team.
- Lack of knowledge/awareness of where to seek support or refer students/families who might need help either within school (school boards don't communicate their processes or share contact information with other health care professionals working within the schools from outside agencies) or within the region.
- Remains a lack of coordination and integration between mental health and addictions. Including at the funding/political level
- Under-resourced for decades. Results in lack of capacity, time and other resources to make important changes.
- Increasing demand for services and complexity of client needs. Challenges the sector on numerous levels.
- Rigidité au niveau de l'offre de service (style rendez-vous uniquement dans des bureaux de 8h à 4h) et rigidité des mandats des agences.
- Le transport de l'école à nos services. Les jeunes ne veulent pas nécessairement aller voir un thérapeute à l'école et n'ont pas nécessairement de transport après l'école.
- La liste d'attente de plusieurs programmes est longue
- There are no dedicated services for case management and system navigation. The ministry only added funding codes to try and demonstrates these functions existed and were funded when the reality is very different. Providers were forced to identify what portion of their staff were assuming those functions. They were forced to do that at a cost to the services they should have been providing. In the end, we end up with an very erroneous picture of the actual capacity. MOH, really need to actually fund this function with new positions to stop eroding other clinical services.
- Lack of connection between ministries and sectors (developmental, social services, education) that cause gaps in services for complex needs children, youth and their families.
- Lack of well funded (resourced) intensive services (day treatment, residential, respite).
- Access - spaces and locations
- Coordinated family approach to treatment
- How services are delivered - beyond traditional methods - not the way youth want to access services
- Rurality (transportation, access to services, connectivity)
- Wide geographic area
- Habileté des fournisseurs à référer les clients au bon endroit est limitée car il n'est pas toujours clair qui offre quel type de service.
- Complexité du système rend difficile pour les clients de rechercher l'aide dont ils ont besoin et au bon endroit.
- La stigmatisation liée à la santé mentale n'en est que plus visible et ressentie dans les petites communautés / régions rurales
- Lack of appropriate base funding for community based Addiction and mental health services and wage disparity between the acute sector and the community care sector
- The recruitment and retention of qualified staff

- The absence of clear referral pathways for clients and the paucity of information re MHA and appropriate referral services for physicians
- Difficult to recruit Francophone Staff for Mental Health Services
- Training Resources in French for Mental Health Staff
- Intensive In Home Services for Francophone Youth with Complex Mental Health Issues
- not enough resources/funding
- challenges to retain staff due to low wages within much of the community sector, it is especially challenging to recruit and retain bilingual staff
- waitlists and insecure funding
- accès et disponibilité des services en français (offre active)
- identification du problème principal (toxicomanie et/ou santé mental) disponibilité des services pour jeunes ayant des troubles concomitants
- que faire dans les circonstances ou le jeune ne croit pas/n'identifie pas un trouble de toxico/santé mentale? absence de ressources francos pour travailler avec ce profil
- Silo approach - systems not collaborating to provide services
- No system approach to address the level of acuity in the area
- Funding - inadequate to fund the services required to meet the overall needs
- Manque de service
- Services pour les élèves de 17 ans...
- Ottawa does not have a residential treatment center to address concurrent disorders. If a youth does not qualify for Dave Smith Treatment Centre or there is a significant wait time, the alternative is often CAMH in Toronto or remaining on a waitlist.
- Ottawa simply does not have enough in patient treatment beds for children and youth. Ottawa also does not have adequate services to provide respite care for families who support children and youth with complex mental health and addiction needs.
- Collaboration between schools and community services can improve. Schools have an incredible opportunity to operate like a hub where multiple services can collaborate to provide services on site. While there are some great examples there is a lot of room for more innovation.
- child and youth system different from adult system
- the child/youth system is different from adults
- Finding information and resources is difficult; it is hard to find which organizations provide services in French and the degree to which they are available
- Access and transportation tend to be orientated towards the larger populations of French in the East end and for those who are Francophone in the West have to travel further for services.
- Wait times continue to be lengthy and Francophones who are bilingual will access whichever language is first available; continues to be bias that English services are better quality
- Navigating the complex system
- Gaps of services for children transitioning to their teens; gaps of services for youth transitioning to adulthood
- Funding with specific eligibility criteria that makes it difficult to access services
- Barrière accessibilité par l'étendue de la liste d'attente
- Barrière d'accessibilité financière lorsque les soins ne sont pas couverts par OHIP (ex : psychologie)
- Barrière d'accessibilité en psychiatrie – aucun psychiatre en pédiatrie hors CHEO.
- Confusion de la clientèle/dédoublement de services (anglais/français)
- Navigation du système pour l'accès aux services spécialisés - difficile pour les clients d'avoir à voyager en dehors de notre communauté pour avoir accès à certains services spécialisés
- Assimilation linguistique dans notre communauté
- il devrait y avoir un point d'accès pour les services de santé mentale en français et anglais
- Lack of funding -
- scares resources (i.e., psychiatry and Primary Care Practitioners)
- High wait lists across the sector
- Waiting lists - lack of prompt service

MENTAL HEALTH AND ADDICTION: CHANGES TO MAKE TO IMPROVE CARE

- Accès à la psychiatrie et pédopsychiatrie en français

- Offre active des services en français
- Collaboration accrue entre milieux hospitaliers et différentes agences de SMD
- Chemins d'accès améliorés entre les agences (processus de référence facilité)
- Accueil dans les deux langues officielles dans les services désignés bilingues
- Avoir des chemins d'accès connus par les professionnels des diverses organisations afin de simplifier davantage l'aiguillage de la clientèle aux services.
- Améliorer les compétences des professionnels de la zone de service afin d'augmenter la qualité des services reçus par les clients
- Améliorer le processus d'accès aux services afin de le rendre fluide et de limiter le temps d'attente par la clientèle.
- Améliorer le processus de coordination de services entre organisations afin de le rendre simple et sans heurts pour les clients.
- Continuer de rehausser l'offre de service intégrée de Valoris afin de limiter davantage le nombre de professionnels impliqués dans la vie des clients et assurer un service efficace et efficient.
- Augmentation du financement alloué et dirigé davantage vers des programmes de prévention.
- Meilleure coordination de services
- Chemin d'accès clair et facile à naviguer
- Information centralisée et mise à jour de façon continue pour qu'on puisse facilement trouver le service recherché
- Better way to Triage waiting lists
- Increase the amount of funded services
- Centralized access
- Intégration des services en français en santé mentale/services communautaires/soins primaires sous une même agence pour SDG
- Intégration des services en français en santé mentale sous une même agence pour P&R
- Décentralisation des services en milieu rural (e.eg., meilleure intégration avec soins primaires dans un CSC)
- Clearer service pathways (e.g. early years, schools, primary care).
- Consistent collection of key data elements to assist in decision-making.
- Stronger engagement of young people and family members with lived experience.
- Better, coordinated support for transition-age youth.
- Communication
- 1 number to call
- OPH website that lists all the services available with contact info for each service.
- Physician education around the community supports that are available to which they could refer clients.
- Pamphlets or information in all community health centers about pathways and services available in each area.
- Including school health support teams in the integration of services and recognize the school clinicians and what roles they may be able to play in the care /support of students with MH&A issues
- Easy access to resources and referral opportunity
- Easy access to education for clinical teams servicing children at schools so that they can help with identification or support strategies or improve their own care by integrating relevant knowledge and strategies into their own care plans.
- Coordinated access and navigation for clients and families
- Further integration of addiction and mental health services
- Enhanced funding for the sector and on an ongoing basis. Ex. meet $ commitment of Roadmap to Wellness plan.
- Better linkage between community, hospital and primary care (OHTs a good vehicle for this)
- Continue to address issues of stigma and the resulting impact
- À l'école : avoir accès à des pièces équipées d'ordinateurs, pour être seul/confidentialité et faire ses rendez-vous virtuels, peu importe le service clinique, donné.
- Plus de drops in pour jeunes où ils peuvent voir quelqu'un sur-le-champ
- Embaucher plus de personnel formé en santé mentale avec spécificités du 0-12 ans pour diminuer la liste d'attente
- Faire régulièrement de la publicité dans les écoles, médecin, et autres agences pour cibler cette clientèle
- Au bureau, devrait avoir des salles équipées différemment, pour faire sport par exemple ou musique en même temps pour aider à créer lien.

- Better coordinated Access (does not have to be single door) that is smooth for families.
- Funded care coordination/system navigation especially for complex needs clients and their families.
- Increased residential treatment capacity
- Increased funding for day treatment programs in order for them to provide program expansions (longer days) and have access to the clinical supports required to increase efficacy of treatment.
- Human resource strategy for the field that includes equity, diversity and inclusion as a priority.
- More services
- Different methods of delivery (not just in-person appointments)
- Focus on prevention programs
- Be right where children and youth are, rather than displacing them
- Focus on the whole family becoming healthy
- Presence on site
- Communication with GPs
- With respect to Francophone (low prevalence in area) services advertised in French.
- Collecte de l'identité linguistique des clients par TOUS les fournisseurs de service afin d'aiguiller les clients en conséquence.
- Mapping de tous les services de SMD à but non lucratif (peu importe le ministère ou si indépendant de financement gouvernemental), types de services, clientèle desservie, capacité à offrir des services en français pour faciliter la navigation des clients
- La clinique de counseling sans rendez-vous du Comté de Renfrew doit être accessible en français
- Des services de psychologue en français doivent être offerts en français dans le comté de Renfrew.
- Increased funding for Mental Health Services in French Language
- Increased opportunities for recruitment in French Language Colleges
- Increased funding for Complex Mental Health Services in both official languages
- Increased funding for Intensive In Home Services for Francophone families
- more core versus grant funding to ensure ongoing uninterrupted services
- prevention and early identification and intervention efforts need to be expanded/improved
- improved access, more open doors variety of services available, including greater peer engagement
- better education around mental health/illness and resiliency
- shared resources, training, staffing opportunities
- Offre active des services et des moyens de soutien conçus expressément pour le patient est essentiel à son rétablissement. Le CAP pour devenir un "centre intégré" de divers professionnels de la santé
- offrir sans délai des traitements, des services et des moyens de soutien sûrs et efficaces qui s'articuleraient autour des besoins des personnes ayant une maladie mentale ou une toxicomanie
- Certains segments de la population à Ottawa éprouvent des difficultés d'accès particulières et reçoivent des services de qualité moindre en raison des barrières culturelles, linguistiques ou géographiques. Faudra se doter et identifier des mécanismes pour l'offre des services et des moyens de soutien qui respectent la culture de l'individu
- Les jeunes et leurs aidants (parents, parents d'accueil) atteints d'une maladie mentale ou d'une toxicomanie sont souvent désemparés et se sentent dépassés lorsqu'ils doivent non seulement trouver des services et des moyens de soutien, mais aussi faire l'intégration des soins psychiatriques, des traitements contre la toxicomanie, qui relève d'une foule d de programmes, tout à fait indépendants les uns des autres. Établir un guichet unique pour accéder au réseau de soutien
- Pour abandonner l'approche du cloisonnement qui prédomine actuellement dans le monde de la santé mentale et du traitement des toxicomanies et assurer une prestation intégrée des soins, il faudrait que les agences qui offrent des services travaillent de concert. Identifier le dédoublement de services, éviter les silos.
- Coordinated and collaborative care; including systems navigation
- Increase the availability and effectiveness of intensive services
- Address the inequities and build integrated capacity within mental health and autism
- increase the capacity and skill building for families, youth and caregivers - a voice at the table
- build the workforce capacity to meet the complexity of needs - through skill development and supported clinical supervision in evidence based treatment
- Rapidité et efficacité.
- accès aux services
- Manque de ressources francophones

- Make concurrent disorder services a priority. A significant number of youth accessing our services are in significant need of in and out patient treatment centers and services for concurrent disorder. The reality is that they are bounced between mental health services and addition services where neither can provide fulsome diagnosis and treatment because they are not coordinated.
- Increase the number of supportive housing units for youth. We should not be surprised that youth living independently at an early age will struggle to maintain housing, stay engaged in education, manage their mental health and addiction needs. Youth are still developing cognitively and emotionally and require support to successfully transition into adulthood. Youth who live independently at a young age require this support that is not available to them through strong family ties.
- Transition from child/youth to adult services. Everything from referral pathways to continuity of services can be improved.
- Increase in FASD services and a continuity of support to develop services during transition to adulthood.
- integrate with adult system
- Offering the services in French - providing more resources in the West End and rural west end of Ottawa
- Support access to education and training in French to support on-going education of French-speaking providers
- True investment in community based neighbourhood programming - funding that is long-term investment
- Coordination of services
- Visibility / promotion of services
- Focus on prevention
- Collaboration among services for a larger impact
- Couverture OHIP pour psychologie
- Plus de services francophones en psychiatrie (CHEO)
- Améliorer l'accessibilité services et soins de santé mentale dans le système scolaire
- Accessibilité et liste d'attente à voir un psychiatre à CHEO
- Éducation et prévention de la dépendance chez les jeunes suite à la légalisation de la marijuana
- Augmenter la capacité des services spécialisés - psychologie, psychiatrie, pédiatrie, neurologie, etc.
- Équité salariale et reconnaissance des services communautaires en sm vs les services offerts à partir du milieu hospitalier (le manque d'équité)
- Promouvoir la langue française et l'accès aux services en français
- Établir une meilleure communication et faciliter les chemins d'accès entre les services de protection de l'enfance et les services de santé mentale
- Reconnaissance des services communautaires - hausse des budgets pour augmentation de la capacité - rétention du personnel francophone qualifié - recrutement, l'accès aux programmes et ressources en français
- un seul point d'accès ou un membre de la famille peut choisir les services en français et un autre en anglais
- establish the OHT to start the work of collaboration
- clear communication and accessibility to clients (i.e., 211)
- direct MOHLTC funds to community-based MHA agencies to reduce cost of service delivery and focus on prevention
- Additional resources to decrease waiting period
- Increased emergency care & support
- Longer follow up
- Increased family support
- More public awareness

APPENDIX 2
SUGGESTIONS BY COMPLEX MEDICAL NEEDS SERVICE PROVIDERS

The text in this appendix is taken directly from the responses to the surveys. To remain faithful to the respondent's intent, the text has been kept in its original language. Some minor corrections have been made as needed.

COMPLEX MEDICAL NEEDS: WHAT WORKS WELL

- Collaboration du milieu scolaire
- Équipe de soin multidisciplinaire (lorsqu'accessible)
- La possibilité d'une réponse multiservices intégrée sous un même toit simplifie l'accès aux services pour la population.
- Créativité des professionnels en collaboration avec les représentants ministériels pour soutenir les besoins uniques de la clientèle.
- Assouplissement de la définition de besoins particuliers complexes pour ouvrir plus de portes à divers clients.
- Des partenaires engagés qui ont la volonté de travailler ensemble pour améliorer les services
- De façon générale, les enfants ont un placement scolaire adapté à leurs besoins
- Les enfants ont accès à une panoplie de services pour répondre à leurs nombreux besoins
- La coordination des services s'améliore graduellement
- Case coordination
- Les services de l'Hôpital pour enfants
- Les services de soins pédiatriques locaux (pas suffisant mais excellent)
- L'apport des infirmières praticiennes des CSC et de la clinique d'infirmière praticienne
- Increasing research and information on best practices in this area.
- Greater awareness by the public at large and service providers of the issues (e.g. residential school trauma).
- Increasing partnerships amongst various agencies.
- Physician referral to necessary services
- When the clinical team at school are able to be the clinical team to support home needs at the same time.
- When the school team is included in the care team communication and is recognized as a critical partner in the care - when it happens it is a very positive and impactful thing; unfortunately it is not consistent nor are these clinicians valued for their role or relationship with the family as frontline providers.
- When there is a specific lead/care coordinator involved/dedicated to the family/school and able to have regular connections and communications
- Numerous service providers within Champlain region (various access points) relative to other communities.
- Current initiatives to enhance access and coordination into the system (e.g., regional coordinated access, 1 call, 1 click)
- Increased collaboration as a result of COVID response, OHT development and leadership from groups like AMHO.
- Excellente collaboration avec CHEO pour les dossiers qui dépassent notre expertise.
- Partenariats avec organismes communautaires pour aider les familles.
- Développement de la stratégie des soins virtuels.
- The Complex care program is a demonstration of excellence in service.
- Connections between hospital and community is improving.
- Parent appreciate when the people assisting with navigation have lived experience
- There are different service providers with expertise
- Free services
- Phoenix outreach to area
- Pas suffisamment d'interaction avec cet ensemble de services pour répondre
- Coordinated Access mechanism is working well
- Referrals to mental health organizations like Roberts/Smart Centre that offers services in French
- Linkages between Day Treatment and Community Programs for Complex Mental Health Needs of Youth
- Coordinated and integrated access/care
- Providing services/supports for the family unit
- Increased competencies of all service providers in understanding the mental health needs of children and youth

- Bonne collaboration entre les prestataires des services
- Le système envisagé a deux caractéristiques clés : il est axé sur le patient et sur son rétablissement
- Le système a le souci des besoins du patient/client dans le respect de ses sensibilités culturelles
- Being able to access complex special needs funding for families with children/youth with complex medical needs - however limited and arduous process
- Access to CHEO's Complex Care Program
- The services that are coordinated through Coordinate Access are incredible. Continue to grow and enhance the work that is already being done there.
- Complex care medical professionals are effective in building knowledge and skills among caregivers to support certain medical interventions at home.
- CHEO does an incredible job addressing complex medical needs of children and youth with the current resources they have however, there is still insufficient resources for complex medical needs in the health sector.
- Awareness that complex needs exist in the community, in schools
- Creative ways to address the complex needs such as the SNAP program to support children with behavioural problems; Families First program to prevent homelessness; etc.
- Soins Virtuels
- Soins Sans frais, même si ceux-ci sont limités)
- accès aux services de télésanté mentale - CHEO, Sick Kids, CPRI
- Ententes et partenariats interagences
- Collaboration continue et partage de ressources
- service de santé mentale est disponible en français
- Situation Table for Acute Elevated Risk
- Health Links approach
- regular and quick access to telepsychiatry (i.e., The Royal)
- Improved coordination of care

COMPLEX MEDICAL NEEDS: OBSTACLES TO THE PROPER FUNCTIONING OF SERVICES

- Collaboration et partage d'information entre agences et milieux hospitaliers
- Services spécialisés difficilement accessibles en français
- Accessibilité aux psychiatres et pédopsychiatres francophones difficile
- Le financement limité ne permet pas d'augmentation de la capacité de l'organisme malgré les besoins de la communauté.
- Rareté des services spécialisés, dans notre région ou ailleurs pour certaines configurations de besoins spécialement complexes.
- Rareté de l'offre de services en français en dehors de notre région.
- Manque de connaissances au niveau des services disponibles (la disponibilité des services ainsi que le personnel dans ces services changent continuellement donc difficile de se tenir à jour sur ce qui est offert, ou et par qui).
- Travail en silo (pas suffisamment de collaboration et de coordination)
- Insuffisance de financement alloué aux services de santé mentale et dépendance pour répondre aux besoins
- L'accessibilité fiable et constante à des services en français
- La disponibilité de professionnels de la santé ayant une expertise dans le domaine des besoins médicaux complexes
- L'accessibilité à de l'information sur l'offre de services en français
- fragmentation of supports who provide support to one family/child
- availability of supports- especially financial supports
- Accessibility
- Coordination
- Equity in service provision
- L'accès, la distance de l'Hôpital pour enfants pour la grande région rurale de l'est
- Le manque d'accès aux services de pédiatres francophones
- Pas assez d'infirmière praticienne francophone en CSC et en clinique d'infirmière praticienne.
- Lack of resources or expertise to deal with complex cases.
- Unclear pathways to care.

- Complex medical needs are so individual. Referral to services is very dependent on the knowledge of the physician.
- Lack of inclusion of clinicians at front line in schools working with the complex medical needs children in care team meetings or planning; rarely asked for input yet often most involved with student & family and aware of school and home needs. Lack of opportunity and funding within program budgets to provide additional education and training for frontline clinicians servicing students at school and/or at home.
- Challenges in getting reports or being advised of surgeries or specialist appointments; Reports/ updates either never shared or very delayed and usually frontline clinicians need to spend considerable time trying to track down medical orders, hospital reports, etc. - hard to have 'current' information
- poor transitions hospital to community/school; hard to identify children who will be transitioning and who need advance planning (e.g. who will need home or school modifications/ training of staff/ equipment in advance of starting at school); community clinicians on receiving end of transition and often do not have adequate notice for arrangements or necessary medical information /reports to proceed in a timely manner.
- Remains a lack of coordination and integration between mental health and addictions. Including at the funding/political level
- Under-resourced for decades. Results in lack of capacity, time and other resources to make important changes.
- Increasing demand for services and complexity of client needs. Challenges the sector on numerous levels.
- Décentralisation dans les sites satellites pour les visites face à face pour faciliter l'accès aux familles.
- Manque de ressources (personnel) avec la pandémie - recrutement est un défi (ex: orthophoniste)
- Augmentation des services/financement pour bien répondre aux besoins des familles.
- Lack of funding for equipment, home and vehicle adaptations required for children to be well cared for at home. Current funding is disjointed and lengthy to access via multiple sources.
- Lack of consistent and competent nursing available. Current LHIN caps are insufficient for many clients with complex needs.
- lack of respite availability and options to meet the needs of families with a child that has complex medical needs
- Changes in government funding in some cases is creating huge barriers to access
- So many appointments and places to go for services
- Not very well coordinated
- Connectivity (access to broadband)
- Access to group activities
- transportation
- Très peu de services spécialisés en français offerts dans le Comté de Renfrew.
- Services en silos - chacun n'est pas informé de ce qui se passe ailleurs avec le même client
- Increased funding needed through Coordinated Access for Complex Special Needs
- Additional Francophone staff needed for Complex Special Needs in Mental Health and Addictions
- Capacity needs to be increased within the system to respond to children and youth experiencing complex medical needs
- Lack of integration of all systems working with children and youth
- systemic barriers and inequities that disproportionately affect youth who are racialized, new immigrants, members of the LGBTQ2 community
- accès et disponibilité des services en français (offre active)
- l'une des principales critiques formulées à cet endroit tient à ce que le système s'organise autour du fournisseur- donc si le profil du client ne "cadre pas" dans les orientations du service, il n'a pas accès
- Siloed approach - lack of integration between systems and ministries
- inadequate funding envelopes to support children/youth in family home
- lack of qualified professionals to provide the level of support - nursing in particular
- Concurrent disorder services in Ottawa and Eastern Ontario are essentially non-existent.
- Mental health and developmental services are not as coordinated as they could be. Not sure what is at the core of this whether it's communication or working in silos but there are definitely improvements that can be made.
- There are not enough crisis, secure and community treatment beds and services for this population. As a result, youth are discharged far too early without adequate follow up services in the community because those services are also overwhelmed with significant waitlists.
- Issues are more complex and there is no extra funding
- Lack of cultural sensitivity and diversity understanding of francophone communities that come from other cultures

- Accès psychiatre pédiatrique
- Services non-couverts et frais d'usager
- Aucun service offert virtuellement par CHEO pour la santé mentale.
- liste d'attente
- Accès aux services - distance
- pénurie de professionnels spécialisés - pédopsy, psychologue, spécialistes francophones ou bilingues
- les services ne sont pas tous disponible sous un toit
- distance à voyager pour certains services non-disponible à Cornwall
- budget cuts (i.e., lack of hospital and treatment beds)
- Ottawa centric specialty services that are not available to rural areas
- lack of resources (i.e., qualified personnel)
- Care that is not culturally sensitive

COMPLEX MEDICAL NEEDS: CHANGES TO MAKE TO IMPROVE CARE

- Dépistage actif en milieu scolaire
- Collaboration entre services d'urgence (paramédics, policiers, etc.) et agences
- Collaboration et référence facilités entre services hospitaliers et agences
- Offre de services active et accueil en français
- Meilleurs échanges de connaissances entre les milieux de la santé physique et de la santé mentale.
- Plus d'offre de service en français pour les clients complexes qui ont besoin de ressources venant d'ailleurs en province.
- Plus grande utilisation des services de coordination de services pour les clients complexes déjà disponibles.
- Meilleures transitions entre les services hospitaliers et communautaires.
- Multiplication des ressources disponibles localement, souvent les familles peinent à trouver des services à acheter même s'ils reçoivent des fonds.
- Augmentation du financement alloué et dirigé davantage vers des programmes de prévention.
- Meilleure coordination de services
- Chemin d'accès clair et facile à naviguer
- Information centralisée et mise à jour de façon continue pour qu'on puisse facilement trouver le service recherché
- Faciliter l'accès à l'information sur l'offre de services en français
- Dresser un portrait des écarts dans la disponibilité de personnel qualifié dans différents champs de pratique ayant trait aux enfants avec des besoins complexes
- Établir des liens plus étroits avec les établissements d'enseignement qui offrent des programmes en français dans les domaines à plus grand besoin de personnel qualifié
- Établir un plan avec un échéancier réalisable incitant les organismes à re-hausser leur offre de service en français
- Offer more French language specific supports- Francophone speaking providers
- Better Coordination
- Insure services provided represent the needs of the child/youth and family (better ways of assessing needs)
- Build capacity within the system - better understanding of complexities and their impact
- Meilleur coordination et intégration des services en français avec les soins de santé primaire en milieu rural
- Une stratégie d'attraction et rétention pour pédiatre francophone (pourrait être intégré à une équipe en place dans un CSC comme le nôtre)
- Meilleur financement des ressources francophones pour desservir les enfants et la jeunesse
- Physician education
- Case coordinators who can follow the individual and help the individual gain access to programs and services.
- Creation of a vey informative website where parents can access contact info for programs and services.
- Better transition identification, planning and implementation - includes earlier identification, complete provision of key medical information, inclusion of community/school program in integrated hospital team
- Increased funding for school program to include parent education /training/ support as part of the service model; return to previous funding levels would be beneficial
- Increase case coordination support as this was reduced several years ago by the Champlain CCAC (previous

contract holders) and has impacted support to families and navigation across services.

- Shared education opportunities across sectors /health care continuum supporting children with complex medical needs & their families
- Expand potential of virtual care services for remote monitoring/ counselling/training / support access for families caring for children with complex medical needs that would allow them faster and easier access to a professional when questions / issues arise
- Coordinated access and navigation for clients and families
- Further integration of addiction and mental health services
- Enhanced funding for the sector and on an ongoing basis. Ex. meet $ commitment of Roadmap to Wellness plan.
- Better linkage between community, hospital and primary care (OHTs a good vehicle for this)
- Continue to address issues of stigma and the resulting impact
- Lead transformation effort to consolidate funding sources.
- Increase nursing capacity by offering incentives for community based nursing.
- Increase respite options and capacity.
- Maintain physician ability to bill for collateral time. Hopefully that would provide an additional incentive to accept patient with complex needs.
- Coordinated care system
- Family gets the services they need - families need professionals who can determine what the level of need is and the course of action
- Support systems for the care providers so they don't burn-out
- service hubs in different communities so families don't have to travel to different locations
- integrated system between health professionals, families and schools to provide fluid services that meet the needs of the children.
- Mobile services
- In person group sessions
- Meilleure communication entre les services
- With additional funding, we could have Francophone staff available for families of youth acing complex mental health challenges.
- Additional training dollars for French language resources
- Expanded French language programs to improve bilingual status of staff
- voir les recommandations proposées sous Santé mentale et toxicomanie
- Funding
- Coordinated Care across multiple sectors- health, education and developmental services
- invest in the sector workforce
- increase funded respite opportunities for children, families and caregivers
- improve transition from children/youth to adult
- Families living in communities surrounding Ottawa (Eastern Ontario) who access services in Ottawa do not have the same level and quality of service in their communities.
- Increase respite services for families. The time required to care for children and youth with complex medical needs is significant and weighs heavily on the mental health of caregivers.
- Increase in-home services, another form of respite.
- Increased funding to hire workers with competencies to support children and youth with complex medical needs
- Collaborative work between service providers
- Visibility/promotion of services
- Améliorer l’accessibilité en réduisant la liste d’attente
- Améliorer le support scolaire
- Améliorer l’accessibilité aux services sans frais aux usagers
- Améliorer l’accessibilité aux services francophones
- Évaluer et offrir des principes directeurs pour guider le temps limite devant un écran dans les écoles
- Recrutement de spécialistes francophones ou bilingues pour notre communauté
- Accès plus rapide aux services
- Réduction des listes d'attente
- Recrutement et augmentation de la capacité par agence pour répondre aux besoins/ à la demande courante
- Hausse des budgets pour organismes communautaires

- mettre disponibles services pédiatriques médicaux localement
- same as previous answer
- Increased human resources
- Increased family involvement (though this is improving)
- Increased financial resources
- Improved collaborationordination
- Improved transition periods

APPENDIX 3
NOTES TAKEN DURING FOCUS GROUPS

GROUP 1: MENTAL HEALTH AND ADDICTION (AGES 12-14)

Profile of participants: 7 youth aged 13 to 14

- Age 12: 2 participants
- Age 13: 2 participants
- Age 14: 3 participants

Orientation of questions:

- What is mental health?
- First step and continuity of services
- Feeling of being understood and of trust

What does mental health mean to you? Is it just "not feeling bad" being okay or feeling well?

- Good mental health means feeling well.
- Okay
- It depends on the person
- Very good

It is up to the person how he or she feels.

- Do you think it is important to take care of your mental health? How?
- Yes, because you can have a "breakdown".
- Your life can go "downhill", you can think about all kinds of things that are not good.
- Take time for yourself, have support from your parents and your friends.
- Take care of yourself.

What could help you take care of it?

- Seeing a psychologist.
- Meditation
- Going outside, playing hockey and it passed.
- Yoga
- Reading

Do you think it is important to get help taking care of your mental health?

- Yes, it is important because you will have a lot of emotions.
- His friend – father with cancer – suicidal thoughts – he went for help and is doing better now. (Does not know where he got help)
- Is it important for it to be in French? Why?
- Yes, it is important to have services in French.
- Complicated words, it is better in French.
- Those who do not know English cannot have help in their language.

How many of you have received or are still receiving help for mental health? Was it in French?

- One participant received services in Frenchy. Does not remember where.
- Therapist the L'Escale school.
- Services in English but the caseworker spoke French.
- English and French. More comfortable in French.
- It is important to have services in French, in your language.
- Using French means you can use more complex words.

Do you turn to resources when you feel the need?

- Talk to friends.
- Psychologist
- Friend said the psychologist at school was good (word of mouth).

- Psychologist helped participants a lot.
- Talked to his or her grandmother.

Why do you not or no longer use these resources?

- Not comfortable sharing with people he does not know.
- Fear of people knowing but, ultimately, everyone has problems.
- It depends on the situation. Was bullied from grade 1 to 5. If it happened a lot, would look for services.

What is lacking or should be improved for you (re)gain trust?

- The caseworker did not pay attention when he was talking. Did not feel listened to. Would return if they would listen.
- The caseworker discussed topics with which she did not need help. Spoke more about relaxation.
- Help at school. Not far to go.
- A "broadcast" that indicated who to talk to.
- Easier when it is a family member. Grandmother, parents, older sister. She knows the situation.
- It is hard when you do not have self-confidence.

Are there things that are lacking?

- Being put on hold when calling a suicide prevention line. You should be able to speak to someone right away. It is not professional.

Are there one or more resources that you need that do not exist right now?

- There are things available that I did not use (e.g., phone line).
- Heard that she received good services.
- A relationship of trust is very important.

Resources you know:

- Hawkesbury Hospital – you can seek help if you want.
- Kids Help Phone
- Online services
- Valoris

Where did you hear about these services?

- A teacher mentioned Kids Help Phone
- The school mentioned Kids Help Phone
- Online services
- Posters listing places to go

Best ways to communicate services?

- Email
- Advertising in games
- Instagram
- TikTok
- Snapchat
- Sometimes on YouTube (but in English)
- Word of mouth
- Gmail and Google Hangouts

Useful resources?

- Lack of advertising on Instagram and YouTube
- Advertising in games
- It is not easy because you have to wait three months. Doctor and psychologist, you have to wait a long time.
- One person told her that she would have to wait until November.
- An appointment is not as good as a "walk-in".
- Would like a "drop-on" service.
- Youth Hub Rockland. Father works there.
- One participant knows that there is a Hub in Cornwall.
- Peer helpers
- Not a lot of service for addictions. A phone call would be good.

- Mood or Your Mood application (in English). If it was free, she would continue using it.
- Headspace-meditation application. Relaxation. You choose your language.

Would you use a new application?

- Yes, would use a new application.
- Hard to make friends. Have a "breakdown" because of relationships with friends.
- An application that reassures.
- Music.
- Are there obstacles that make it hard to access services? (e.g., distance, service hours)
- More open on the weekend or later in the evening.
- During class hours is hard.
- Do not want to miss lunch.
- The distance means missing more school
- Zoom could be a solution.
- Services at school can help.
- Not all schools have caseworkers.

GROUP 2: MENTAL HEALTH AND ADDICTION (AGES 15-18)

Profile of participants: 13 youth aged 15 to 18

- Age 15: 5 participants
- Age 16: 1 participant
- Age 17: 6 participants
- Age 18: 1 participant

Orientation of questions:

- What is mental health?
- First step and continuity of services
- Feeling of being understood and of trust

What does mental health mean to you? Is it just "not feeling bad" being okay or feeling well?

- It is understandable, a lot of friends are suffering. Finding acceptance is important to be able to help them.
- Depression, anxiety, panic attacks, PTSD, ADHD
- It is the well-being of a person, it is feeling good about yourself, it depends on the person's life choices, like exercise, diet, etc.
- You see a picture on Instagram and you see someone with a nice body and you compare yourself and would like to be like them but you have to be yourself.
- Complete health, not just the mental health aspect.

Do you think it is important to take care of your mental health? How?

- There are people who will take days off to take care of themselves.
- Mental health is influenced by our lifestyle.
- Spending time alone, reading, talking to friends, painting.
- Keeping feelings to yourself is not good. The participant talks to her mother, her brother and her cousin.
- Take care of your hygiene.
- Find someone you trust.
- It depends on the seriousness of the problem. If it is more of a distraction or a bigger problem (e.g., death in the family).
- You can talk to a professional at school.
- If it is a long-term problem, there are things to do to help yourself.

What could help you take care of your mental health?

- Do something to find peace. Think about it on your own. Not having people ask how you are. Prefers being alone to think in a place he likes.
- Music – listen to the lyrics

- Read books
- Sometimes, there is no help. You want to help yourself.
- Distract yourself, go for walks
- Bike ride
- Do workouts, do art
- Do something we enjoy.
- Take time for yourself, do activities that interest us and to get our minds of things.

Do you think it is important to get help taking care of your mental health?

- Yes, one participant sought help for her anxiety and it helped her. If she had not had that idea, she would have been worse now. She got out of the depression and her family noticed that she was doing better. (bilingual support at Montfort) She was okay with receiving services in both languages. She also went to Riverside.
- Yes, professionals can help a lot.
- Stress is like a glass of water that overflows.
- Anglophone friends. Important for services to be bilingual. One service at Valoris. The person was afraid because it had not gone well in the past. She went with her friend and she found that it went well. She learned a lot.
- Yes, talk to someone you trust.
- One participant went to the private sector and it was in French. It was important for her because she could open up more in French.
- We can ask for help from our parents.

Is it important for it to be in French? Why?

- Yes, it is important to have services in French. More comfortable in French.

Would you seek out professional help?

- Probably, it depends.
- Doctor gave referrals and she went to several places before she found the right one.
- If you're comfortable with the person, you can open up more. We must tell our parents if we are not feeling well.
- Yes, but it depends if I think the people around me can help me, but if it is serious enough, I seek out professional help.
- Now there is just one caseworker at school due to budget cuts. It is not easy if someone is not comfortable with the person. It is better to have options.
- It is easier with someone I know. I would go talk to my parents before my cousins. If I had a big problem, I would go to Valoris. The services would need to be in French.
- If I need help and if the people around me cannot help me.

In French?

- Yes.
- If I had the option, yes.
- It does not matter to me.
- In English.
- It does not matter to me.
- Probably in French.
- In English (mother tongue). When we talk about our emotions, it is better in our mother tongue in order to express ourselves better.
- I understand better in French. Not enough services in French.
- French as mother tongue, but in English if needed.

What resources are there in the community?

- Montfort Hospital
- Valoris
- The Youth Wellness Hub/Carrefour Bien-Être pour les Jeunes
- Suicide hotline
- At the L'Escale school, a school worker who helps all students in grades 7-12. A very nice person who will help you.
- A psychologist at the school who went from time to time.

- Robert Smart.

What is lacking or should be improved for you (re)gain trust?

- More accessible, less cost, easier to find
- A line to call professionals 24/7
- More accessible because private services cost a lot and public services – you have to wait a long time.

Obstacles?

- Embarrassment
- There is no one to point us in the right direction.
- When you are anxious, you do not want to talk to a stranger.
- Not comfortable because friends said that they would not trust the resources. A good relationship of trust is needed at the first meeting.
- Fear of what others will think.
- Taboo within the family to talk about mental health problems. Downplayed too much.
- Sometimes, the problem is the family and you cannot talk to them. Family is the cause. Fear that the professional will share the discussion with the family.
- Not enough money.
- Lack of knowledge about available services. There should be a list of available services.
- A lack of information.
- Cost of services and insurance limits.
- Parental approval and fear of reprisals

Are there things that are lacking?

- A list that describes resources.
- Posters in schools or workplaces.
- Website listing free services. People with low incomes need free services. Whether or not it is covered by insurance.
- Doctors and other professionals should have the information.
- Friends share with each other.
- Posters in public places where there are a lot of youth.
- There is no description of resources – There are just titles. There should be more descriptions of resources.

Are there one or more resources that you need that do not exist right now?

- Mental health services covered by the government. Free for everyone.
- Talking to someone who understands, who shares your experience.
- Support groups
- The private sector is more accessible and faster, while public services are free but take longer.

Is the system scary?

- Yes, fear of judgement.
- No, not afraid.
- Yes and no. The hospital is scarier than the doctor.
- It depends on the situation.
- Do not think that their problems are big enough; feel like a problem for the caseworkers
- Afraid to talk about their problem
- It depends on who you talk to.
- *About 10 participants (of 13) would be comfortable seeking help.

Does an application interest you?

- It needs to be easy to use. It needs to be easy to read. Icons instead of a lot of text.
- “Daily journals” applications, take notes about the day.
- A chat services that connects you with someone to talk to and help with problems.

Is it okay to wait for help?

- It is better right away when you have a problem. Being able to talk to someone right away.
- It depends. Like the suicide hotline, it has to be immediate. But for someone who wants to register for something, it is not necessarily urgent.

- When we are stressed and our parents are not available, there needs to be an immediate service.
- Yes, immediately without feeling forced.
- Sooner rather than later.
- Help is needed right away because stress can have a domino effect and have other impacts.
- At least get a response for obtaining a service (e.g., an appointment).

Distance and times

- If there is no transportation, it is a problem.
- If there are no hours after school, it is hard.
- An online or telephone service if it cannot be offered in-person (ideally 24/7)
- As long as there is an online service, it is okay.
- A 24/7 emergency service or accommodation service

GROUP 3: MENTAL HEALTH, ADDICTION AND PSYCHOSOCIAL SUPPORT (PARENTS)

Profile of participants: 3 parents

- P1: 3 children (boy age 11, girl age 8, boy age 4); Champlain West
- P2: 10-year old boy; Ottawa East
- P3: 3 girls (5, 7 and 10); Ottawa

Orientation of questions:

- Referral and access to care and services
- Intake and organization of care and services
- Care and support services at home and for the family

How long have you been accompanying your child or children with mental health or addiction needs? Do you have several children who require this type of support? How long has your child or children been receiving follow-up or services? Are the services obtained in French?

- P1: Child goes to the day treatment centre. In the health system for 5-6 years with their oldest child.
- P2: Receiving services for several years
- P3: Services for the oldest child in the past and currently for the 7-year-old. Services at CAP for the two oldest.

Do you receive help or support from services for the needs of your child or children? How long have you been receiving this help? Do you receive this support in French?

- P2: Always obtained services in English; Anglophone. Children in primary school in French but services are always in English.
- P1:Access to services in Frenchy is harder. One organization, one social worker. Intake in English only. Francophones are asked if they can receive services in French. Family has seen four different professionals within the same organization; people leave for unknown reasons. They live 1:45 from Ottawa. With virtual services, there are more service options but the continuity of services with the same person is a problem.
- P3:Servcies accessible in French in Ottawa; 7-year-old daughter has received services from CAP since January 2021.

Given the support or services obtained for your child or children, what support is there and what works well? In terms of referrals and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- P3: Obtained a neuropsychological assessment but had to go to Quebec for fast service in French. Proximity to Quebec. Once you into services, it is excellent. They were lucky because it is a matter of timing. Not dealing with just one organization. Would like the services of a private psychologist. Currently paying in the private sector for the services of an occupational therapist (to help accept the idea of taking medication; refuses to swallow). Feels that some interventions are counterproductive for other approaches, that everything focuses on one challenging symptom at a time and the overall situation is not dealt with.
- P2: It took 10 years and 5 assessments/types of therapy/doctors. The only thing that helped a lot to date was the medication. Received many diagnoses and treatment suggestions but it took 10 yeas before finding medication that seems to work. Noted that it was hard for her to obtain services in English for 10 years so she

said she cannot imagine how hard it can be when there are not as many services in French.
- P1: Initially, the school had correctly referred to services, for the oldest at the time. Said that the organization changed their procedures for managing the waiting list, so there was a limited number of meetings (4). That was not enough, so they then had to go to the private sector.

What is there that could be improved? How? In terms of referral and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- P2: Treatment is "chaos in a warzone". A framework is needed to better understand what his happening with my child, a systematic approach for determining the problem (i.e., understand the problem and then find the resources to support the child). There is a lack of coordination in treatment for children with complex needs. Noted that she has experienced two burnouts and does not have the time and energy to coordinate the services herself. With teletherapy, my son can do therapy with his dog, who calms his anxiety so he is more comfortable.
- P3: Her daughter apparently needs a multidisciplinary team (psychology, social worker, occupational therapist, etc.) to provide a range of expertise and clinical views. She has the impression that they are working on bits and pieces but that, as a parent, she must keep everything together. She noted that a lot of parental energy goes into a child with significant needs and challenges, the sisters are set aside and neglected but they apparently need support. How to explain to the sisters what they are exposed to. Moreover, they also have their own challenges. What works for one does not necessarily work for the other, so they wait for the parent to adapt, "but I do not know everything." Suggested adding resources in psychology and occupational therapy; lack of diversity for resources, according to her.
- P1: More coordination of the file and better communication with the family doctor. "So the left hand knows what the right hand is doing." P1 has a background in health, so can help in communicating information but that is not their job. Noted the importance of support for parents and the rest of the family. COVID had a positive impact because it allowed for teletherapy and access to resources further away.

What does not exist that would have all or a lot of value for you? In terms of referral and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- P1: Support for the family and universal and stable Internet access (the facilitator noted PLEO).
- P3: Coordinated multidisciplinary team; support for siblings. Equip school staff to better identify youth with mental health needs. Lack of respite as well; places where parents can leave their children and know that they are safe and the parents can then fully recharge and then be more emotionally available to their children (noted the Lighthouse as an example); "not just a babysitter".
- P2: Framework that includes resource people in al sectors and coordination of the team (doctor, school staff, etc.). Feeling of burnout from having to repeat the story.

Overall, is it important for you to obtain health and support services in French? Why?

- Obtaining services in your mother tongue is critical, for all participants. P2 and P3 are bilingual but obtaining services in English is not an option for P1.

Other comments

- P3: It is not the quality of services that is a problem (public, private, etc.). Always very satisfied with the services. It is access that is hard.
- P2: "Everyone's heart was in the right place" but each person is limited by their expertise and toolkit. What lacks is coordination. The family must be involved.
- P1: Shares the same opinion.

GROUP 4: COMPLEX MEDICAL NEEDS (PARENTS)

Profile of participants: 7 parents/couples

- P1: 3-year-old daughter; Ottawa
- P2: 9-year-old daughter; Champlain East
- P3: 10-year-old daughter; Ottawa
- P4: 11-year-old son; Ottawa
- P5: 10-year-old son; Ottawa
- P6: 11-year-old daughter; Ottawa
- P7 and P8: 11-year-old son; Gatineau

Orientation of questions:

- Referral and access to care and services
- Intake and organization of care and services
- Care and support services at home and for the family

How long have you been a parent caregiver?

- Suspect that there was a problem at 3 months – Developmental problems – she is now 3 years old
- From birth – Gatineau – transferred to CHEO – diagnosis found
- Suspicion at birth – Quickly diagnosed with Down's. Diagnosed with epilepsy at 18 months. That is what causes the most problems. Receives care at CHEO and at RNH since. QUESTION: Did you have difficulty receiving services in French? It depends on the services – if we insist, we receive services in French. Since we're bilingual, we accept services in English. With agency services, it is harder, such as home workers – very rare that we can obtain services in French.
- FATHER: Always a challenge to have services in French – mother struggles more in English. – if we insist, we can have services in French. MOTHER: Since the beginning, I felt like I was in a world I do not understand. Particularly with medical terminology. (mother seems to become emotional)
- Knew there was a problem when 32 weeks pregnant – after the birth, the geneticists took a blood sample. We knew from the beginning that she would have problems. Followed at OCTC. Very difficult even at CHEO and RNH – nurses and orderlies are almost all English.
- In the OCTC Francophone class, everything goes well. When the therapists enter the class, that is different. The orderlies are a bigger problem. I have wondered if I should talk to my daughter in English so she will be bilingual. I do not want her caught in a world she does not understand.
- Non-verbal children – hard to know their level of understanding. When he is exposed to people who do not speak French, we wonder if he understands. We talk French at home. School is in French as well. We are lucky.
- For my daughter, being understood is important – otherwise, she tends to become aggressive. Recently, she was aggressive toward a nurse. The lack of communication can lead to undesirable behaviour.

As parents, do you receive any help related to your child's needs? In French?

- Grandmother helped but she now lives far away. We now have no help. Tried getting help, CHEO said that the parents' mental health is not CHEO's mandate. They had told us that our daughter's days were counted. They let us leave with her. It is irresponsible. It makes you think they do not have children / children with special needs. CHEO seems to give a lot of services, but that are not really there.
- Learned early that I would not survive without help. We have a great team, e.g. a PSW who helps at home. Developed a good relationship with the therapists. Several Anglophones. It does not bother me because I speak English. The problem is more that the services are in English, so more risk for my daughter. She goes to RNH. Appreciate the services.
- A lot of guilt for respite. Will people understand? PSW at home, hard to find good ones, even harder to find French ones. Older orderlies, harder to meet the needs of my child. It is harder for us because we have the Francophone criterion. Must train new staff all the time.
- Open to the services offered. Support workers have been coming for several years. Almost all are English. Difficult since the pandemic. Lack of staff. We had three, now just one. Must train people each time. At this time, even hard to find Anglophones. We maximize the number of hours. We receive respite at RNH and Rotary House. Psychological support makes a big difference for the offer of services. Psychological help is more in English. We had a Francophone volunteer at home. Suspended due to the pandemic. RNH gives practical support. We are well supported. Services mostly in English. Respite at RNH. The services are in English. Some nurses speak French. Group activities are mostly in English. We wonder if Thomas understands English.
- Respite at RNH – the challenge is the English. My child does not speak English. We initially tried as a family. There was no family room available. No services in French. It was as though they were not expecting us. In Gatineau, we have CLSCs – there are funds for respite and child care.
- My son has an aggressive side. I pushed for an assessment. They said that his problem is ADHD. The response is often medication, particularly at CHEO. I contacted the doctor's supervisor to reduce the medication. A new doctor now – in English. That is okay, I speak English. There is a lack of communication between caseworkers. I get put down. I go to CAP now, but the services will be ending soon.

In this sense, what is there in terms of support and what works well? In terms of referral and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- Complex care program managed by a Francophone. It makes a big difference. Dr. Major. It works really well. We spent a few days at CHEO and she is taking over. There is continuity. We can ask her questions in French. The nurses are not necessarily French but my daughter can have services in French. Afraid about when Dr. Major retires.
- Complex care has a one-year waiting list.
- Respite – particularly at RNH – no services at home. It works well but not in French. When I call to inquire about my child, An Anglophone nurse often answers. I accept hat some services are more in English. For 10 years, it has been hard. The complex care program makes a difference. Well supported and good resources. Services mostly in English, except Dr. Major. School is going very well. Special class for French service. Good services in general. RNH changed a lot of things for us in terms of respite and overall support for parents.
- Volunteer service – during the pandemic, a Francophone woman came to see my daughter. It was rally appreciated.

What is there that could be improved? How? In terms of referral and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- For Francophone families, more coordination of care – to assign Francophone doctors and therapists. In complex care, we had to push to have Dr. Major. Must train new staff in French. Why can we not request a minimum of health services and caseworkers in French? It is a matter of dignity.

What does not exist that would have all or a lot of value for you? In terms of referral and access to care? In terms of intake and the organization of care and services? In terms of support for the family?

- There is no care or medication for my daughter. What I need is housework support. Often at our cost. Need more time to spend with my daughter. Playing and stimulating. Hard to find time.
- There are waiting lists. Information is hard to find. You get lost.
- From the start, there should be someone to guide, everything available in the region, e.g., resources. There is a lack of follow-up, you're left on your own, e.g. to manage your emotions. Need referral to services.
- Long waiting lists. You get frustrated, you do not know where to turn.
- There needs to be someone to help and explain where to go for equipment. Everything is so new. Without a guide, it is enormous, adapted vehicle, commode, wheelchair. Need someone to guide.
- My child has been treated since birth at OCTC. It worked out that they were all Francophones. When it was transferred to school, it remained in French.
- Support workers – it is hard to change – we want continuity. Unfortunately, that is not always the case. Harder in French because there is a smaller pool of people who work in French.
- What would help is having someone to free us up a bit. It is hard to manage during a pandemic. We have two other children. Balance is difficult. It helps when someone can come. It helped when we had someone (volunteer) coming for 3-4 hours. It will be good when it can start again.
- Forms are often in English. I always have to translate for mother, who does not speak English.
- Emails from RNH are always in English. The only time it was translated into French was for a support group.
- As Francophones, we tend to speak English if we are bilingual to make things easier. If we insist more, it could make a difference. When they see that we speak English, they take that as a position to offer services in English. The number of people who speak French is underestimated, even if they are not extremely comfortable. We were sent someone at home who speaks French but she had trouble. We insisted that she speak French with our child, even if it was not perfect. Sometimes, it is our fault that we do not insist enough.
- If there were more Francophones on the committees, e.g., FAC at RNH, it would give a better presence, it could improve French-language services.

Overall, is it important for you to obtain health and support services in French? Why?

- Once the children are in the adult system, there are even fewer services, you are more alone on your path. The complex program is trying to have services to help in the transition from child to adult.
- There is a major identity issue as Francophones. We are in a bilingual country and province. Everything in writing should be bilingual, e.g., newsletters, emails that are scheduled and can be translated in advance. It would take someone to translate them. Some people do not speak English. Translations would help communication.

Parents asked about the purpose of the focus group and how the information would be used. Parents said they appreciated having the opportunity to take part in the focus group.