Facilitating the Access to English-language Mental Health Services in the Estrie Region (Quebec) Claude Charpentier¹, Dale Stout¹, Annie Benoit^{1,2}, Christopher M. Philip¹

INTRODUCTION

"Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."¹ (WHO, 2007)

- Mental illness will affect about 1 in 5 Canadians during their lifetime.²
- About 30% of people requiring help access mental health services.³
- Main reasons for unmet needs:
 - availability of services
 - accessibility
 - acceptability of available services.⁴

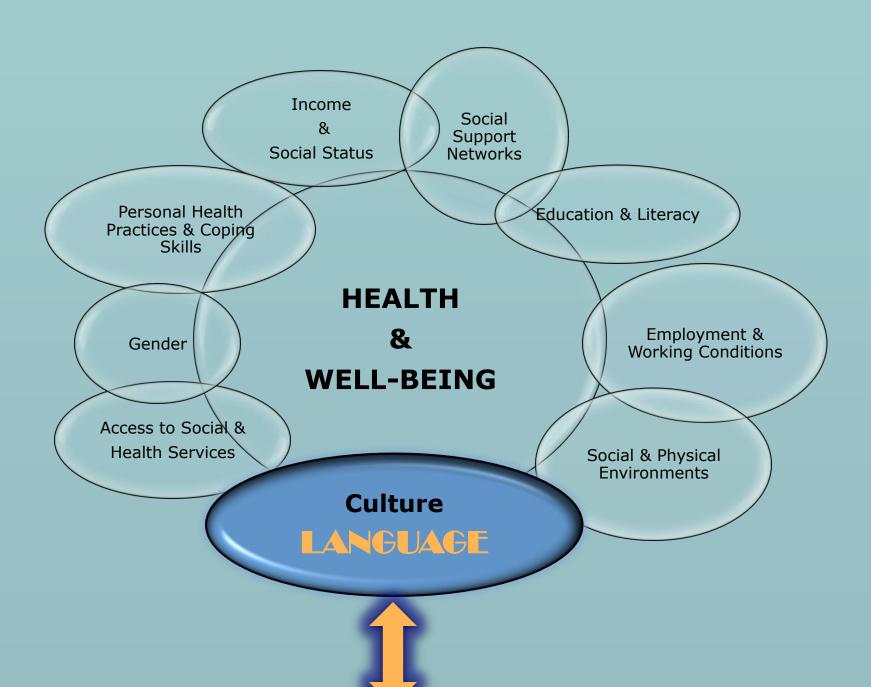
Previous studies have revealed that, compared to the Francophone majority: Estrie's English minority community presents certain socio-economic characteristics that place them at greater risk of developing health problems, particularly in the area of mental health:

Oliver levels of education,

Over levels of employment and income

Inverse status of a mostly unilingual elderly population

THEORETICAL FRAMEWORK: THE POPULATION HEALTH APPROACH



LANGUAGE is one of culture's key characteristics Minority language status may limit Anglophones' opportunity to obtain culturally appropriate mental health services.

OBJECTIVE This poster presents results from a broader project composed of three distinct phases. The aim of this initial phase was to clarify the extent of the problem regarding the availability and accessibility of English mental health services from the Anglophones' perspective.

METHODOLOGY A mental health needs assessment questionnaire was developed, pre-tested and sent out to a stratified random sample of 1500 Anglophones living in the 7 MRCs of the Estrie region (data bank provided by the RAMO following CAI's approval).

The questionnaire enquired about Anglophones' awareness of the availability of mental health services, their need and use of 40 different adult and youth services, and their satisfaction with services sought.

Participants' characteristics:

- 304 questionnaires returned (response rate: 20%)
- 42% men and 58% women; mean age = 58.9 (*SD* = 17.5)
- 59% live in a rural environment
- 67% reported an annual income of \$50 000 or less

1.Bishop's University

do you turn to?



Politiques de Santé, 5(1), 87-101.





Townships Research Centre.

2.Sherbrooke University

"I would like to have all services available in English much more advertised. I have friends who have required services and they have had a difficult time to find the help they require."

A general telephone number (answered by an English speaking individual) 24/7 who can provide ACCURATE information as to where to call/go/contact for specific services in English.

4.Sibley, L.M. & Glazier, R.H. (2009). Reasons for Self-Reported Unmet Healthcare Needs in Canada: A Population-Based Provincial Comparison. Healthcare Policy /