

Moving Towards Evidence-based Mental Health and Addictions Treatment for Francophone Children and Youth in Ontario



KEY MESSAGES

- ◆ Limited research has been done in Canada that identifies best and promising practices in mental health and addictions treatment for Francophone children and youth, and even less in Ontario.
- ◆ As most of the relevant evidence-based mental health treatments have been developed, tested and validated in English, there is a need to find ways to provide evidence-based treatments in French. Possible approaches include: (1) identify English language evidence-based treatments for translation, adaptation, testing and validation to meet the needs of Francophone populations; (2) provide French-language support for this process through training, implementation, clinical supervision and fidelity assessment; and (3) identify French-language promising practices that can be tested, evaluated and applied in different organizational contexts.
- ◆ Making services equally available in both French and English will not only lead to improved service delivery, but will also better engage Francophone children and youth in treatment.
- ◆ Involving both the French and English mental health and addictions sectors in developing a vision for quality services in both languages will help to overcome service gaps.
- ◆ Carefully planned and implemented engagement strategies with Francophone communities and organizations can help to enhance French-language mental health and addictions treatment services.



BACKGROUND

Ontario has the greatest number of Francophones outside Quebec, and Francophones make up the second largest non-Anglophone community in Ontario after South Asians⁽¹⁾. According to the 2006 Census, 4.8% of Ontario's population is Francophone⁽²⁾. Although Franco-Ontarians are united by a common language, the community is also characterized by other forms of diversity, including religion, country of origin, culture, socio-economic status, and ethnicity⁽¹⁾. While language is an essential determinant of health, these other factors also need to be considered when developing services for Francophone children and youth.

The French Language Services Act recognizes the right of Francophones to demand and receive government and government-funded services in French⁽¹⁾. Evidence suggests that clients who receive services in their own

language use hospital services less frequently, experience better health, follow health directions better, and experience stronger social cohesion⁽¹⁾.

The need for access to services may be higher in the Francophone population due to limited capacity for French-language services, and due to a shortage of French-speaking health care providers including psychiatrists, psychologists, case managers and social workers⁽³⁻⁴⁾. The Ontario Select Committee on Mental Health and Addictions has commented that, as an underserved group in Ontario, when Francophones are not treated in their mother tongue, misdiagnosis can occur⁽⁵⁻⁶⁾. "Ontario's Comprehensive Mental Health and Addictions Strategy," recently released, identifies the need for people to have access to culturally appropriate mental health and addictions services that are of high quality⁽⁷⁾.

KEY TERMS:

Francophones: In June 2009, the Ontario government adopted the new Inclusive Definition of Francophones. This new definition now includes not only people whose mother tongue is French, but has been expanded to include people with specific knowledge of French, who speak French at home, and whose first language is neither French nor English⁽¹¹⁾.

WHAT WAS DONE:

This brief is based on the results of a grey literature search. While a search of the two academic databases Medline and PsycINFO was conducted, capturing French and English language articles from 2002-2012, there was little found that was relevant. A CAMH librarian conducted the academic database search.

THE EVIDENCE

1. An Overview

A 2007 review of evidence-based and promising mental health treatments for Francophone children and youth found an extremely limited number of published treatment studies specific to the Francophone community⁽⁸⁾. This finding was also confirmed by the academic literature search conducted for this evidence brief, from 2002 to 2012. With such a dearth of French publications and manuals available, one approach to address this situation is to identify, translate and validate English language evidence-based treatments for Francophone populations. The review identifies a number of English language evidence-based treatments in its report, including:

- Roots of Empathy, a comprehensive school program designed to reduce bullying and aggression amongst children and increase their empathy for others;
- Guiding Good Choices, a program which teaches skills to parents designed to help prevent substance abuse in their families; and
- A Coping With Stress Course, which focuses on increasing youth resiliency against depression and other types of mood disorders.

In addition, French language supports for training, implementation, clinical supervision and fidelity assessment would be required⁽⁸⁾. As such, there is a limited understanding of evidence-based approaches to care for the Francophone community. In addition, clinicians who have been trained in English feel they cannot effectively deliver these services in French due to limited time and money for translation and adaptation of these evidence-based approaches for Francophones⁽⁹⁾.

2. Strategies to Engage with Francophone Communities

A number of strategies have been identified for partnering effectively with Francophone communities in Ontario. These include:

- Build a shared vision that all partners can identify with, and which can serve as the foundation for a strategic plan;
- Use consensus, consultation, transparency and flexibility as techniques for building partnerships;
- Ensure the right people are involved;
- Respect culture and language; and
- Remain accountable to the community, clients, staff and funders⁽¹⁾.

Other strategies for building networks with Francophones include:

- Identify opportunities for working with coalitions or planning committees that have established French language services as a priority;
- Establish connections with existing Francophone organizations and networks;
- Connect with representatives of provincial organizations who can facilitate links with local organizations working with Francophones;
- Learn from the experiences of organizations with well-established French-language services;
- Make public information available in both French and English, and assign fluent French speakers to work with Francophones⁽¹⁾;

- Make it possible for French-speaking staff to offer services in French;
- Allow French-speaking staff to connect with other French-speaking clinicians and networks; and
- Encourage staff to participate in French language training and immersion programs⁽⁴⁾.

2. Examples of Effective and Promising Initiatives

Playing with Rainbows and Program Evaluation⁽¹⁰⁾

Playing with Rainbows is a 12-week play therapy program for children between the ages of 6 to 12 who have experienced war and other forms of trauma in their home countries before moving to Canada. The goal of the program, developed by the YWCA, is to help children experience a process of healing by using group counseling techniques involving play and art. Each session of the 12-week program explores different themes such as coping skills, conflict-resolution, self-esteem, war, feelings, and dreams. Three sessions are offered to parents and care-givers so they can better understand the impact of war and trauma on their children and families.

The Francophone Community Centre Hamilton/ Niagara evaluated the Playing with Rainbows program while it was implemented during the fall of 2005. While evaluation findings were specific to this particular session conducted mainly with children from Rwanda and the Democratic Republic of Congo, findings can be used by other organizations wishing to implement Playing with Rainbows. Some of the evaluation results are as follows:

- Children who participated in the program found it valuable to share their experiences and feelings in a safe space. Parents and care-givers were also able to start acknowledging the challenges they have gone through.
- Children could identify and potentially use coping skills and strategies they had learned in order to process their feelings about their experiences.
- By the end of the program, children had developed a sense of group cohesion and community, feeling a sense of connectedness to others who had gone through similar experiences.
- Program facilitators were able to model healthy, respectful communications that children could learn from.
- Program facilitators should undergo cultural and sensitivity training.
- Make language interpreters, beyond just French and English, available to the program.
- Evaluators acknowledged the inherent challenges in measuring the therapeutic success of such a short-term program which relied on facilitator feedback and client satisfaction.

ABOUT THE BRIEF:

This brief presents:

- (1) principles for effectively engaging with Francophone communities; (2) results of a review conducted to identify best and promising practice evidence-based mental health and addiction treatments for Francophone youth and children in Ontario;
- (3) select case studies of evidence-based mental health and addiction treatments that have been adapted for use with Francophone populations.

While the original intent of this brief was to present synthesized evidence on best and promising practice mental health and addiction treatments for working with Francophone youth and children in Ontario, results of a rapid search of the grey and academic literature found that limited research has been done in Canada that identifies such practices for this population.

The evidence contained in this brief is intended to help support and inform the Service Collaboratives in their decision-making processes.

Culturally-Adapted Cognitive Behavioural Therapy for use with Francophone and Creolophone Populations from the Caribbean ⁽¹⁾

The following is a snapshot of the process that the Centre for Addiction and Mental Health (CAMH) used to adapt an evidence-based treatment, cognitive-behavioural therapy (CBT), for use with Francophone and Creolophone populations from the Caribbean. CBT is a short-term, intensive treatment that can be helpful for all populations and is commonly used to treat substance abuse issues, eating disorders, anxiety and depression. However, its efficacy can be improved through cultural adaptations for different populations. CAMH initiated a project to make CBT more culturally suited to the needs of Francophone and Creole-speaking immigrants from African and Caribbean countries, communities that face particular challenges when trying to access services that meet their needs due to factors such as unemployment, language, culturally-rooted stigma and racism. In addition, service providers may also face barriers in providing effective services to this population because of a lack of cultural skill and knowledge.

Through consultations and focus groups with community members, interviews with mental health professionals working with these communities, and community member and clinician feedback on materials being adapted, a culturally-relevant CBT manual and accompanying materials were created. These materials embed the concept of cultural safety throughout. The new manual and tools were shared with clinicians across the province in a series of workshops.

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5. Select Committee on Mental Health and Addictions. Navigating the journey to wellness: The comprehensive mental health and addictions plan for Ontarians, 2010.
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LIMITATIONS

Since timelines to develop this evidence brief were short, an exhaustive search of the grey and academic literature was not possible. As a result, relevant literature may have been unintentionally missed. In addition, while the academic database search was conducted in both French and English, the grey literature search was done only in English.

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The information in this report is a summary of available evidence and is designed to give readers a starting point in considering the currently available research evidence. While care has been taken in the preparation of the materials included in this publication, the authors do not warrant the accuracy of this document and deny any representation, implied or expressed, concerning the efficacy, appropriateness or suitability of any intervention or treatment. In recognition of the possible human error, advances of knowledge, and search limitations, the authors cannot and do not warrant that the information contained in these pages is current, entirely accurate or complete.

