

ACCESS TO HEALTHCARE FOR QUEBEC'S ENGLISH-SPEAKING COMMUNITIES: KEY ISSUES AND RESEARCH NEEDS

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March 2025

Introduction

This brief summarizes recent research on access to health and social services for Quebec's English-speaking official language minority community (OLMC). It draws from the Bibliography on English-Speaking Quebec,⁵ the Community Knowledge Open Library,⁶ and the Document Centre of the Community Health and Social Services Network (CHSSN).⁷ Key themes, research gaps, and priority areas for further study are highlighted.

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⁵ The Bibliography is accessible at <https://quescren.concordia.ca/en/search>. A combined search of subjects "Health" and "Health Care System" in the Bibliography returned 231 results. https://quescren.concordia.ca/en/search?subject=EIX5EE8G.9G9DWCCP&sort=date_desc.

⁶ CKOL is accessible at <https://ckol.quescren.ca/en/lib/>. A combined search of subjects "Health," "Healthcare," and "Access" yielded 243 results. <https://ckol.quescren.ca/en/lib/?subject=KTNGBRXR.HQK2VZCT.TC3N267G>.

⁷ CHSSN's Document Centre can be accessed at <https://chssn.org/documents/>.

Thematic overview

Access to health and social services can be defined as “the opportunity to identify healthcare needs, to seek, to reach, to obtain or use health and social services and to actually have the need for services fulfilled.”⁸ For patients, access is determined by a variety of factors, including socioeconomic, geographic, policy, and linguistic ones.

English-speaking Quebecers face unique challenges in accessing the health and social services system in the province compared with the majority Francophone population. These challenges include higher socioeconomic vulnerability, social and ethnocultural diversity, geographic dispersion across the province, and language barriers.⁹

Recent research reflects current as well as longstanding concerns about health access for English speakers. Several key themes emerge, three of which are outlined below.

Legal and policy frameworks guaranteeing access

Quebec’s Act respecting health services and social services (sections 15, 348, and 508)¹⁰ grants English-speaking communities the right to receive services in English in designated bilingual institutions across the province. However, in practice, access is not always guaranteed.

These rights were established in the 1980s. In 1986, after two years of community campaigns, the act was amended to establish a qualified right to English services. Access programs, created in 1989, required selected institutions to offer services in both English and French. Further amendments created provincial and regional advisory bodies that provide the community with a formal role in advising on English-language services.¹¹

⁸ Jean-Frederic Levesque, Marc Harris, and Grant Russell, “Patient-Centred Access to Health Care: Conceptualising Access at the Interface of Health Systems and Populations,” *International Journal of Equity in Health* 12, no. 18 (2013): 8, quoted in Alexandra Ethier and Annie Carrier, “Strategies to Access Health and Social Services for English-Speaking Older Adults in Quebec: A Qualitative Case Study,” *Canadian Social Work Review / Revue canadienne de service social* 40, no. 1 (2023): 2.

⁹ For a recent sociodemographic profile of English-speaking communities in Quebec and its impact on health outcomes, see Community Health and Social Services Network (CHSSN), *A Portrait of Vulnerable English-Speaking Communities in Quebec*. A brief submitted to the Standing Senate Committee on Official Languages, May 2023, https://sencanada.ca/Content/Sen/Committee/441/OLLO/briefs/2023-04-28_OLLO_SS-3_Brief_CHSSN_e.pdf.

¹⁰ Quebec, *Act respecting health services and social services*, <https://www.legisquebec.gouv.qc.ca/en/document/cs/s-4.2>.

¹¹ James Carter, “What Future for English-Language Health and Social Services in Quebec?” in *Decline and Prospects of the English-Speaking Communities of Quebec*, ed. Richard Y. Bourhis (Canadian Heritage, 2012), 215–244, https://publications.gc.ca/collections/collection_2014/pc-ch/CH3-2-16-2013-eng.pdf. The original law was adopted in 1971; see Quebec, Ministère de la Santé et des Services sociaux, “Health and Social Services System in Brief,” <https://www.msss.gouv.qc.ca/en/reseau/systeme-de-sante-et-de-services-sociaux-en-bref/contexte/>. Versions of the act are listed on the CanLII website under the tab “90 older versions” at <https://www.canlii.org/en/qc/#search/jld=qc,unspecified&text=Act%20Respecting%20Health%20Services%20and%20Social%20Services%20&searchId=2024-10-31T13%3A18%3A39%3A509%2F3828ba2e19d24e-2d8942a79a1e0bc4e9&origId=qc>.

Since 2000, Quebec's healthcare system has undergone three major reforms.¹² James Carter, Senior Program and Policy Advisor at CHSSN, argues that legislative protections are vital for upholding English speakers' rights to health and social services during such shifts. English-speaking communities worked with the provincial government to safeguard these rights, even taking legal action when necessary.¹³ This ongoing defence is documented in resources from Alliance Quebec in the 1990s¹⁴ and the Quebec Communities Groups Network (QCGN) in subsequent years.¹⁵ Regardless, according to Carter, **political and financial pressures led the provincial government to shift its focus towards promoting French and forcing institutional mergers that have ultimately reduced the number of designated English-service providers.**¹⁶

In a recent article, Carter expresses concern about potential changes to English speakers' rights under the new *Act respecting the governance of the health and social services system* (2023).¹⁷ This act further centralizes health services, potentially reducing responsiveness to Anglophone community needs by moving the responsibility for access programs from local institutions to the newly created Santé Québec agency.¹⁸ CHSSN proposed amendments to keep local Anglophone involvement in creating these programs,¹⁹ and the government later confirmed that local institutions and regional access committees will continue in this role, since they are best suited to assess the needs of English-speaking patients.²⁰

¹² In 2003, the *Act respecting local health and social services network development agencies* merged institutions such as local community service centres (CLSCs), hospitals and residential and long-term care homes into 95 centres for health and social services (CISSS/CIUSSS). Then, in 2015, the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*, further restructured the system by merging 182 health and social services institutions, including the 95 CISSS/CIUSSS, with public child and youth protection centres and public rehabilitation centres. It also created four integrated university health networks with assigned territories for service across the province. The most recent reform, the *Act respecting the governance of the health and social services system*, passed in 2023, establishes, among other changes, a new government agency, Santé Québec, to manage the day-to-day operations of healthcare services, while the Ministère de la Santé et des Services sociaux retains control over strategic policies and planning.

¹³ Carter, "What Future."

¹⁴ For example, Alliance Quebec, "Alliance Quebec Demands That People Receive Health and Social Services in the Language They Choose to Use," media release, October 22, 1997, <https://ckol.quescren.ca/en/lib/Z2IXK8XD>. Alliance Quebec, "Alliance-Quebec Condemns Language Bureaucrats' Involvement in Health Care," media release, January 24, 1997, <https://ckol.quescren.ca/en/lib/JL8ETKDB>. Alliance Quebec, *Communication and Efficiency: Language and Health Care Brief Presented to the Clair Commission* (2001), <https://ckol.quescren.ca/en/lib/UJUBX9XY>.

¹⁵ Examples include Quebec Community Groups Network (QCGN), *Brief Submitted to La Commission de la santé et des services sociaux de l'Assemblée nationale du Québec Concerning Bill 10, An Act to modify the organization of the health and social services network, in particular by abolishing the regional agencies* (2014), <https://ckol.quescren.ca/en/lib/QRJ4QJH>. Quebec Community Groups Network (QCGN), "QCGN Statement on Bill 15 and Closure," media release, December 8, 2023, <https://ckol.quescren.ca/en/lib/CL7PKNMN>.

¹⁶ Carter, "What Future," 219.

¹⁷ James Carter, "Protecting English-Speakers' Rights in the New Santé Québec," interview for *CHSSN Community NetLink*, (Spring 2024): 8-9, https://chssn.org/wp-content/uploads/2024/06/CHS-NetLink-Spring-2024-EN_VF-webpages-compressed.pdf.

¹⁸ *Ibid.*

¹⁹ *Ibid.* See also Community Health and Social Services Network (CHSSN), *Bill 15 and Legislative Guarantees of Health and Social Services in English. A Brief Submitted to the Provincial Government* (2023), <https://chssn.org/brief-bill-15/>.

²⁰ Carter, "Protecting English-Speakers' Rights," 8.

Carter stresses the importance of remaining vigilant in protecting legislative guarantees for healthcare services in English and calls this state of alertness “political preparedness.” In his view, as history has shown, English-speaking communities should be ready to address any political changes that can revive debates about the legitimacy of these guarantees.²¹ Ideally, ongoing research on health reforms and legislation, and their effects on English-speaking Quebec, should be produced and mobilized to ensure that Quebec’s English-speaking communities understand this evolving and important environment.

Patients’ strategies to overcome language barriers in healthcare

The Quebec Ministère de la Santé et des Services sociaux emphasizes the importance of clear communication in ensuring quality health and social services.²² The ministry’s guidelines for the development of government-approved access programs for Anglophone communities stress that English-speaking individuals need to understand the services they receive to ensure safety, quality, accurate information exchange, informed consent, and confidentiality. **Language barriers can lead to issues such as medication errors, misdiagnosis, and longer clinic visits, and discourage English speakers from using the healthcare system altogether.**²³

Access barriers for Anglophone patients are well documented, especially for vulnerable groups like seniors, youth, and those living in remote areas. More research is needed for BIPOC (Black, Indigenous, and people of colour) communities and for individuals living with mental health issues. Several studies capture Anglophone patients’ views on their access to services and resources in English, particularly regarding language and effective communication.²⁴ Participants noted that interactions with the healthcare system can be stressful when important medical information, like diagnoses or consent forms, is available only in French. They feel these communication challenges negatively impact their health.²⁵

²¹ Carter, “What Future.”

²² James Carter and Joanne Pocock, *Report on the Health and Social Services Priorities of English-Speaking Communities in Quebec. To be submitted to Health Canada by the Health and Social Services Priorities Committee* (2022): 11, <https://chssn.org/wp-content/uploads/2022/10/HC-Priorities-Report-Feb-2022-FINAL.pdf>.

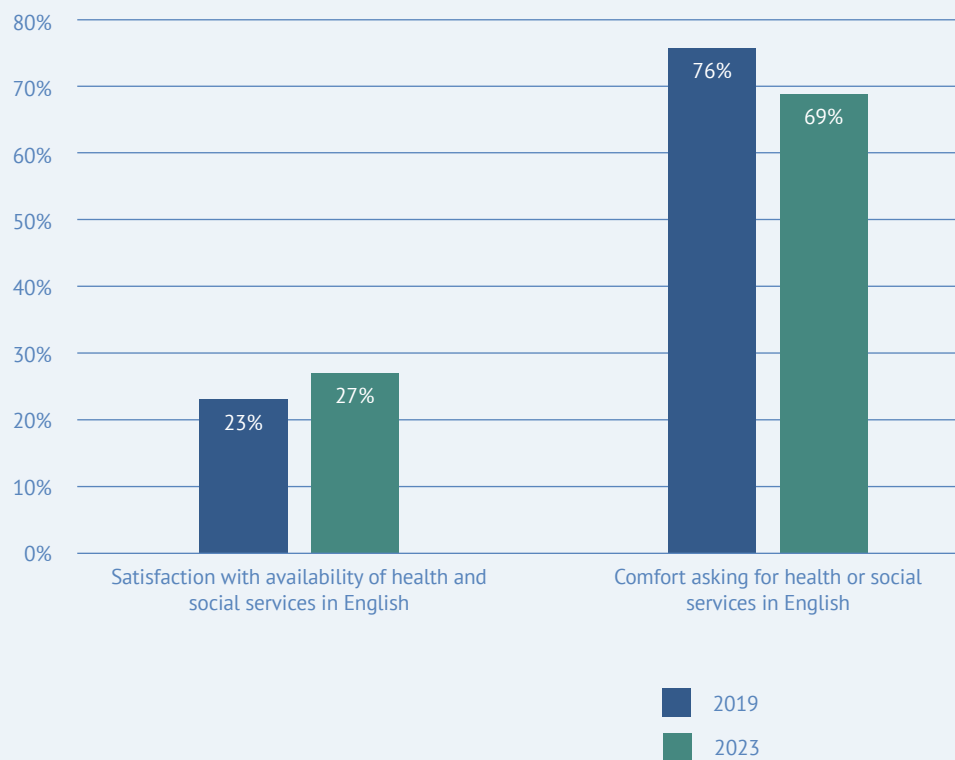
²³ Quebec, Ministère de la Santé et des Services sociaux, *Guide pour l’élaboration de programmes d’accès aux services de santé et aux services sociaux en langue anglaise, cadre de référence* (2018), <https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-406-01W.pdf>.

²⁴ See, for example, Joanne Pocock, *Baseline Data Report 2018-2019 Part 2 (Focus Groups): English-Language Health and Social Services Access in Québec*, Community Health and Social Services Network (2019), <https://ckol.quescren.ca/en/lib/QR9N45AX>.

²⁵ Carter and Pocock, *Report*, 11-13.

Regarding patient experience, a comparison of surveys from 2019 and 2023 showed that, while satisfaction with the availability of local health and social services in English increased slightly (27% in 2023 vs. 23% in 2019), fewer Anglophones felt comfortable asking for services in English in 2023 (69%, down from 76% in 2019) (see Figure 1). Discomfort often stemmed from factors such as staff attitudes, the belief that services would be better in French, or concerns that requesting English might cause delays.²⁶

Figure 1.
Anglophone patients' experiences accessing health and social services in English – Comparison of responses from 2019 and 2023



Source:
CHSSN and CROP, 2024

²⁶ Community Health and Social Services Network (CHSSN) and CROP, *English-Language Health and Social Services Access in Québec, Comparison 2019-2023* (2024), https://chssn.org/wp-content/uploads/2024/04/23-10007-English-language-Health-and-Social-Services-Access-in-Quebec-CHSSN_2023-2019-English-version-March-25-2024-min.pdf.

Research on English-speaking patients, particularly seniors, shows their strategies to navigate language barriers in the healthcare system. These **barriers are more important for English-speaking seniors, who have lower rates of bilingualism than the general English-speaking population.**²⁷ Alexandra Ethier and Annie Carrier's study²⁸ with older English speakers in the Eastern Townships indicates that many rely on word of mouth and local community organizations to find health services in English, since these are often not promoted. Once in the system, they may resolve the language barrier by addressing providers directly in English, or begin their appointment in French to create "a climate of openness"²⁹ before switching to English. Others prepare to speak only in French during the appointment if they are able; sometimes they are accompanied by a caregiver as an interpreter. However, these strategies have limitations. For example, some seniors feel excluded when their interpreter does not relay the full conversation with the service provider; others feel a loss of autonomy when they cannot directly engage with their doctor during an appointment. This impacts trust and reduces the likelihood of understanding and following through on expert recommendations. Ethier and Carrier's article underscores seniors' reliance on community networks and informal caregivers to overcome access barriers.³⁰

What about the health and social service providers? In 2021, 45,100 healthcare professionals in Quebec (9% of the total healthcare workforce) had English as their first official language spoken.³¹ Despite growing levels of English proficiency and bilingualism (55.4% among all healthcare professionals), particularly among French-speaking workers, the use of English as the main language of work by all healthcare professionals has remained steady at around 8% since 2006.³¹ Notably, 25% of English-speaking healthcare workers primarily used French at work in 2021.³³ Further qualitative research on health professionals' perspectives could capture their views about their English-French bilingualism and ability to assist English-speaking patients.

²⁷ Shannon Bell, *A Complex Puzzle: Realities of English-Speaking Seniors in Quebec*, QUESCREN Research Brief no. 19 (2025): 2, https://www.concordia.ca/content/dam/artsci/scpa/quescren/docs/Brief_19_ENG.pdf.

²⁸ Ethier and Carrier, "Strategies to Access."

²⁹ *Ibid.*, 12.

³⁰ For more on informal caregivers' important role in Quebec's English-speaking community, and on the challenges they face, see Bell, *A Complex Puzzle*, 6-7.

³¹ Bertrand Ouellet-Léveillé and Gabriel St-Amant, *Official Languages and Health Care Workers in Canada: A Portrait*, *Language Statistics Program*, Statistics Canada (2025), 11.

³² *Ibid.*, 10, 17.

³³ *Ibid.*

Access to services for individuals living with mental health issues

Mental health is becoming a research priority for English-speaking communities, especially after the COVID-19 pandemic. **A Quebec-wide study found that young adults, Anglophones, and healthcare workers were among the Quebecers most affected by the pandemic. English speakers were twice as likely as the majority population to experience anxiety or depression,³⁴ and suicide risk has increased.** Data from the *Enquête québécoise sur la santé de la population* indicates that, in 2020-2021, 12.4% of English speakers aged 15 and older reported having seriously considered or attempted suicide, up from 8.4% in 2014-2015 (suicide risk slightly decreased during the same period for Francophones).³⁵ Furthermore, a survey of English-speaking men revealed that they were more likely than their Francophone counterparts to feel a negative impact from COVID-19 on daily life (74% vs. 66%) and financial status (27% vs. 21%). They also reported much higher psychological distress (22% vs. 12%).³⁶ These trends underscore the urgent need for better access to English-language mental health prevention services in Quebec.³⁷

Youth mental health is of particular concern. **CHSSN's Youth Pulse Check survey³⁸ gathered insights from 456 English-speaking youth in Quebec (ages 18-29) across 14 regions. It revealed significant mental health challenges, with 90% reporting struggles with mental wellbeing, exacerbated by the pandemic.** Barriers to mental health services include long wait times, high costs, limited services in English, and lack of information, especially in rural areas where stigma about mental health remains high (see Figure 2). Many youth turn to friends and family for support, with 15% unsure where to seek help if needed.³⁹

³⁴ Université de Sherbrooke, "Quebeckers' Mental Health Is Deteriorating: Together, We Can Improve Things," media release, December 1, 2020, <https://www.usherbrooke.ca/actualites/revisions-medias/communiqués/2020/decembre/communiqués-detail/44088>.

³⁵ Community Health and Social Services Network (CHSSN), *Suicide Risk for Quebec's English-Speaking Population* (2024), <https://chssn.org/wp-content/uploads/2024/09/V2-ENG-min.pdf>.

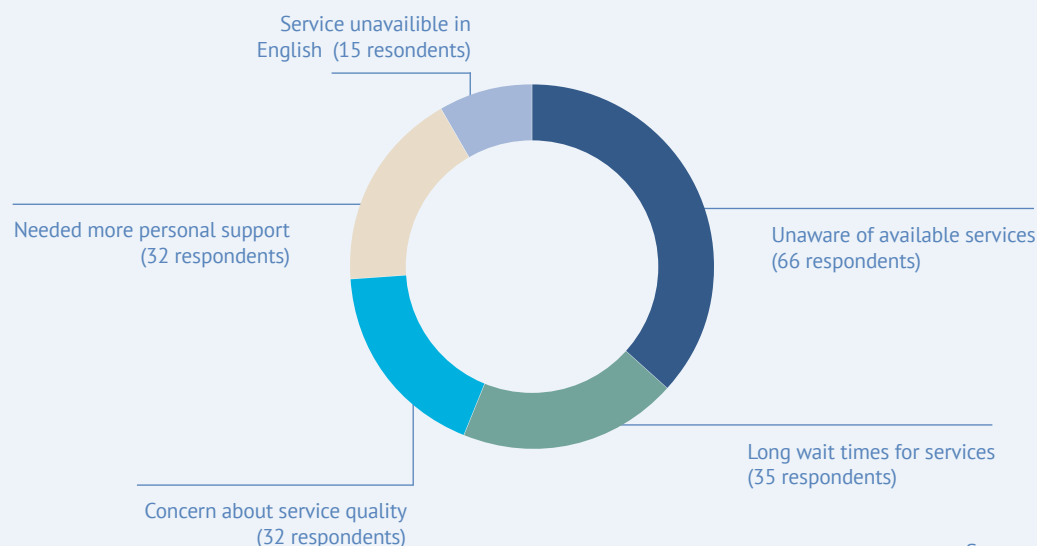
³⁶ Jacques Roy, *Portrait of Men and Fathers in Quebec's English-Speaking Community & Their Relationship to Services – A Sociological View*, Community Health and Social Services Network (CHSSN) (2021), <https://ckol.quescren.ca/en/lib/TK5RKBJR>.

³⁷ As part of its 2025-2026 budget, the Quebec government announced a \$10 million increase over five years to improve access to health, mental health, and legal information services for English-speaking Quebecers. See Quebec, Ministère des Finances, *Pour un Québec fort : Plan budgétaire 2025-2026* (March 2025), C79, https://www.finances.gouv.qc.ca/Budget_et_mise_a_jour/budget/documents/Budget2526_PlanBudgetaire.pdf.

³⁸ Sunita Nigam, *Youth Pulse Check: Survey Results Report*, Community Health and Social Services Network (CHSSN) (2022), <https://ckol.quescren.ca/en/lib/8MZ9Z2S9>.

³⁹ *Ibid.*

Figure 2.
Reasons youth survey participants did not seek out health and social services in their region⁴⁰



Source: Nigam, 2022, 21.

English-speaking young Quebecers face greater socioeconomic vulnerability, and they reported the negative mental health impact of financial stress. In 2021, 18.1% lived below the low-income cut-off compared with 8.7% of their Francophone peers, while their unemployment rate was 14.4% versus 9% for French speakers, with wider gaps in some regions.⁴¹

Certain groups, including LGBTQIA2S+ individuals, Black youth, former foster youth, and those with disabilities, experience additional challenges, such as exclusion from services and lack of knowledge about their needs. Survey participants expressed the need for more culturally responsive, trauma-informed services and support for various subgroups of young people, including Indigenous persons, immigrants, and youth struggling financially.⁴²

Overall, the survey findings emphasize a pressing need for accessible, culturally appropriate mental health services in English, with youth expressing strong interest in being heard and involved in finding solutions.⁴³

⁴⁰ Data in this figure is based on a subsection of the total survey respondents: 168 participants (or 37%) who had not sought out health and social services. Since respondents could select more than one reason, the total number of responses is 180.

⁴¹ Joanne Pocock, *Socio-Demographic Profile of Québec's English-Speaking Youth, Aged 15-29, 2021 Census Data*, Community Health and Social Services Network (CHSSN) (2024): 25-30, <https://chssn.org/wp-content/uploads/2024/03/2024-03-07-Youth-Profile-CHSSN-Final-min.pdf>. The low-income cut-off (LICO) is defined as "the income below which a family is likely to spend 20% or more of its income on food, shelter, and clothing than the average family" (*Ibid.*, 8).

⁴² Nigam, *Youth Pulse Check*.

⁴³ *Ibid.*

Conclusion

Research indicates that access to health and social services, a key social determinant of health, is a pressing issue for English-speaking Quebecers, who also face unique challenges related to language use and socioeconomic status. Although there are legislative protections for English-language services, gaps in availability and communication persist, especially for vulnerable groups like youth, seniors, visible minority communities, and those needing mental health services.

Overall, there is a strong knowledge base and research capacity on healthcare access for Quebec's English-speaking community. However, a more cohesive and targeted approach to research is required to fully address the multifaceted nature of this issue. Looking ahead, collaboration among diverse stakeholders—including researchers, provincial, and local community networks and organizations, and policymakers—is essential. **Coordinated efforts should aim to:**

- **address gaps identified in this brief**, including (1) the impacts of legislative changes on English-language services, (2) healthcare providers' perspectives on their ability to assist English-speaking patients, and (3) best practices for culturally responsive mental health services;
- **produce a comprehensive review of the literature** to uncover additional gaps and refine research priorities;
- **strengthen the research ecosystem on the production and mobilization of knowledge about health and social services for Quebec's English-speaking communities**. This includes improving access to research through tools like online databases, fostering collaboration among researchers and community organizations, and ensuring that findings are translated into actionable strategies for policymakers and practitioners.

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This document was produced by the [Quebec English-Speaking Communities Research Network \(QUESCREN\)](#), a collaborative network of researchers, community members, and institutions that provides opportunities to promote the understanding and vitality of English-speaking Quebec through research, knowledge mobilization, networking, and outreach. QUESCREN is housed at the School of Community and Public Affairs at Concordia University in Montreal.

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The views expressed herein do not necessarily represent the views of QUESCREN or its funders.

This brief was funded by:

*Secrétariat aux relations
avec les Québécois
d'expression anglaise*

Québec 

The Government of Canada and Concordia University also provide financial support for QUESCREN.

Legal deposit - Bibliothèque et Archives nationales du Québec, 2025.

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