



IN FOCUS >

# Mental health in QUÉBEC

Population: 9,030,684

Rural: 19%

Québec stands out with its lower cost of living and progressive social policies, scoring higher on several of the population mental health indicators and with its lower rates of poverty and core housing need. However, exceptions include higher rates of suicide and self-harm, especially for northern Indigenous populations, who experience an extremely high suicide rate and often live in inadequate housing conditions. Québec has a strong mental health strategy that comes with considerable spending, but the provincial budget and the new 2023 *Working Together Bilateral Agreement* do not state where the money will be spent.

The private system of health care in Québec is growing, a trend that is concerning. It compromises access to care and has resulted in a high number of the mental health, addictions and substance use health (MHASU) workforce increasingly moving into higher wage jobs in the private sector. This is also true for family physicians, which are in the shortest supply here than in all of Canada.

**IN FOCUS: QUÉBEC**

| <b>Indicator</b>  | <b>Indicator Category</b>            | <b>QC</b>            | <b>CAN</b>   |
|---|--------------------------------------|----------------------|--------------|
| <b>1.1a</b> Mental health, addictions, and substance use (MHASU) Healthcare Investments   | Policy                               | Ins.                 | 6.3%         |
| <b>1.1b</b> Bilateral Health Spending for MHASU   | Policy                               | –                    | 31%          |
| <b>1.2</b> MHASU Strategy   | Policy                               | Highly comprehensive | Out of date  |
| <b>1.3</b> Decriminalization policy   | Policy                               | –                    | Low support  |
| <b>1.4</b> Harm reduction policy  | Policy                               | Moderate support     | High support |
| <b>1.5</b> Mental Health Acts   | Policy                               | Moderate concern     | –            |
| <b>2.1</b> Perceived mental health – poor/fair  | Population Mental Health (MH)        | 18.4%                | 26.1%        |
| <b>2.2a</b> Prevalence of mood/anxiety disorders (12-month)   | Population MH                        | 8.6%                 | 10.6%        |
| <b>2.2b</b> Prevalence of substance use disorders (lifetime)  | Population MH                        | 17.1%                | 20.7%        |
| <b>2.3</b> Rate of death by suicide   | Population MH                        | 12.2                 | 10.9         |
| <b>2.4</b> Rate of hospitalization for self-harm  | Population MH                        | 68.9                 | 64.9         |
| <b>2.5</b> Rate of apparent opioid toxicity deaths  | Population MH                        | 6.0                  | 20.8         |
| <b>2.6</b> Rate of hospitalizations caused entirely by alcohol  | Population MH                        | 210*                 | 262          |
| <b>3.1</b> Percentage of population needing mental health care but needs are unmet or partially met                               | Service access                       | 6.6%                 | 7.8%         |
| <b>3.2</b> Percentage of youth with early MHASU service needs who accessed Community Mental Health services                       | Service access                       | –                    | 61%          |
| <b>3.3</b> Number of psychiatrists per 100,000 population   | Service access                       | 14.4                 | 13.1         |
| <b>3.4</b> Supply of MHASU healthcare providers   | Service access                       | 1,817.0              | 1,721.4      |
| <b>3.5</b> 30-day hospital readmission rates for MHASU concerns   | Service access                       | 13.0%                | 13.4%        |
| <b>4.1</b> Percentage of population reporting poor-to-fair mental health in core housing need                                     | Social Determinants of Health (SDOH) | 9.9%                 | 15.8%        |
| <b>4.2</b> Poverty rate   | SDOH                                 | 6.4%                 | 8.1%         |
| <b>4.3</b> Employment rate for individuals with mental health disabilities (ages 25-64)   | SDOH                                 | 41.6%                | 46.1%        |
| <b>5.1</b> Percentage of those with poor-to-fair mental health who experienced discrimination and victimization                   | Stigma and discrim                   | 5.6%                 | 9.1%         |
| <b>5.2</b> Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community | Stigma and discrim                   | 53.7%                | 54.4%        |
| <b>5.3</b> Reported rate of drug-related offences   | Stigma and discrim                   | 167                  | 162          |

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

# POLICY

## Funding

The Government of Québec did not clearly lay out how much or where it plans to spend on mental health, addictions and substance use (MHASU) care in its 2024-2025 budget. The new *Working Together Agreement* (2023 Bilateral agreement) and the Shared Health Priorities agreement (2017 Bilateral agreement) commit \$1.98 billion and \$531 million between 2023-2027.<sup>123</sup> The amount dedicated to MHASU and specific priorities for investment are also unknown, given that the Governments of Canada and Québec entered into an asymmetrical agreement that, following past practice, respects Québec’s jurisdiction over health.<sup>124</sup>

## Strategy

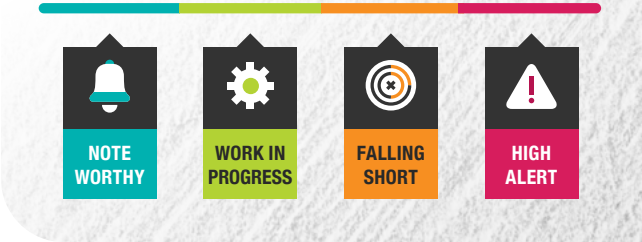
Québec has a robust mental health strategy, *S’unir pour un mieux-être collectif* (2022-2026). It covers a 5-year period and comes with a commitment to spend \$1.15 billion. The action plan outlines 43 specific actions and initiatives under the umbrella of seven broad areas which include support for community mental health and crisis support services. Each action is accompanied by a projected investment as well as indicators for measuring progress.<sup>125</sup>



**WORK IN PROGRESS**

A strong mental health strategy with considerable spending but the budget lacks transparency.

## Mental Health Scoreboard



## Mental Health Act

Québec’s mental health law, the *Mental Patients Protection Act*, is the only one in Canada based on civil code. The law is generally regarded as strongly rights-based, given that people detained involuntarily have the right to refuse treatment unless it is authorized by a court.<sup>126</sup> However, the strong protections against involuntary treatment in Québec’s Mental Health Act mean that those who need treatment may not receive it, even though they might be very ill and need care.<sup>127</sup>

## Policy response to the toxic drug crisis

The Government of Québec supports some harm reduction measures but there is room to strengthen its policy. Québec funds three permanent and one mobile supervised consumption sites as well as four overdose prevention sites.



**NOTEWORTHY**

Québecers report the highest self-rated mental health in the country.

The sites offer drug checking, including some sophisticated technologies like mass spectrometry and colorimetric testing in addition to fentanyl test strips. The Government of Québec has noted its support for safer supply.



One of the recommendations in its recent substance use strategy, *Parce que chaque vie compte: Stratégies nationale de prévention des surdoses de substances psychoactives 2022-2025*, includes developing a policy framework for safer supply.<sup>128</sup> However, the strategy does not include plans or funding to do so. Nevertheless, there are some physicians in Québec who prescribe safer supply and the Government of Québec manages SUAP (federal government) funds for one safer supply program.

## POPULATION MENTAL HEALTH

Québec reports the lowest prevalence of mental illnesses and substance use disorders and the highest rates of good mental health across Canada. The percentage of Québécois reporting poor-to-fair mental health is 18.4% compared to Canada's 26.1%, and the rates of prevalence for mood disorders (8.3%), anxiety (8.9%) and substance use disorders (17.1%) are significantly lower than the Canadian averages.

The rate of suicide in Québec is slightly higher than the national average, with an incidence of 12.2/100,000 people, compared to 10.9/100,000. It is important to note that suicide rates in Québec have been on a slow decline since 1981, while the rates of hospitalization for self-harm are on the rise.<sup>129</sup> There are key exceptions to this downward trend. In 2019, the rate of suicide in Nunavik, northern Québec, when adjusted to 100,000 population,<sup>130</sup> is 177.1 compared to Québec's overall suicide rate of 13.1/100,000. The rates of young women ages 15-34 presenting to emergency departments with suicidal ideation and who are hospitalized for self-harm also rose between 2008-2022.<sup>131</sup>

Québec reports a lower incidence of deaths related to opioid toxicity compared to the national average (6.0 vs. 20.8/100,000). However, the number of deaths is on the rise. In 2022, it more than doubled, from 284 deaths in 2021 to 540 in 2022.<sup>132</sup>

## SERVICE ACCESS

The landscape of mental health, addictions and substance use (MHASU) service access in Québec is complex. While the province has a higher number of MHASU practitioners (2,067 per 100,000) compared to the Canadian average of 1,721 per 100,000, Québec also has the highest number of people who do not have a family doctor.

**HIGH ALERT**

One in five Quebecers doesn't have a family doctor.

In Québec, 21.6% of the population, compared to 14.5% nationally, do not have regular access to care, which has been linked to the number of doctors working in the private system (where the pay is higher) and to the practice in Québec of mandating new physicians to do compulsory shifts in short-staffed health facilities.<sup>133</sup> A poll conducted by Québec public sector psychologists found that the wait times for psychotherapy were typically between 6-24 months.<sup>134</sup>



The long wait times are linked to a larger concern that the public sector MHASU workforce is being lost to the private sector at an alarming rate.<sup>135</sup> Québec's rate of hospital readmission rates for a MHASU concern are near average, at 13% compared to 13.4%.



### FALLING SHORT

Long wait times for psychotherapy are due to loss of workforce to private sector.

## SOCIAL DETERMINANTS OF HEALTH

The percentage of Québécois in core housing need with poor-to-fair mental health (9.8% of the province's population) is two-thirds lower than the core housing need in Canada (15.8%). Historically, the cost of rental housing and real estate in Québec has been lower when compared to other provinces like Ontario and British Columbia. It should be noted however, that in 2023, Québec witnessed the highest average yearly rent increase in 30 years, and the property vacancy rate was the lowest it has been in 20 years.<sup>136</sup> Thus, while core housing needs are reportedly higher elsewhere, Québécois are feeling the impacts of the national housing crisis. Furthermore, Indigenous peoples in the province experience disproportionate levels of inadequate housing. Almost 16% of Métis in Trois-Rivières and 27% of the Nunavik population in northern Québec live in housing needing major repairs and 47% of the Nunavik population live in crowded housing.<sup>137</sup>

The rate of poverty in Québec is lower than the national average. The number of Canadians experiencing poverty is 8.1%, while 6.4% of Québécois live in poverty. The lower rate of poverty is associated with the lower cost of living in the province, as well as progressive social policies, like subsidized childcare that has reduced women's poverty rate and increased their participation in the workforce.<sup>138</sup>

## STIGMA AND DISCRIMINATION

The percentage of Québécois who report poor-to-fair mental health and who experience discrimination and victimization is one of the lowest in Canada, 5.6% compared to 9.1% nationally. This population reports a slightly lower sense of feeling connected to community compared to the national average (53.7% vs. 54.4%). The rates of arrest for people who use drugs in Québec are slightly higher than the national average, 167 vs. 162/100,000, which may indicate that the criminalization of and discrimination against people who use drugs is a concern in the province.