PORTRAIT OF HEALTHCARE AND SOCIAL SERVICE USAGE : IMMIGRANT MEN'S PERSPECTIVES

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CHSSN: Community Health and Social Services Network

CIUSSS: Centre intégré universitaire de santé et de services sociaux (Integrated University Centre for Health and Social Services)

CLE: Centre local d'emploi (Local Employment Centre)

CLSC: Centre local de santé Communautaire (Local Community Health Centre)

DRSP: Direction régionale de santé publique (Regional Public Health Department)

LGBTQ: Lesbian, gay, bisexual, trans and queer

MSSS: Ministère de la Santé et des Services sociaux du Québec (Quebec Ministry of Health and Social Services)

IFHP: Interim Federal Health Programme

RAMQ: Régie de l'assurance maladie du Québec (Quebec Health Insurance Administration)

ROHIM: Regroupement des Organismes pour Hommes de l'Île de Montréal (Coalition of Men's Organizations of the Island of Montreal)

SBEH: Santé et Bien-être des Hommes (Men's Health and Wellness)

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EXECUTIVE SUMMARY

This study documents immigrant men's use of Quebec healthcare and social services. It begins by sketching a portrait of the physical health and psychological well-being of these men. It then looks at their use (or non-use) of these services and explores both the barriers they encounter while trying to access services and factors facilitating their use of services. Finally, it examines the expectations and perceptions immigrant men have of these services. Transversally, the impact of the COVID-19 pandemic and confinement measures on the various sub-themes was specifically examined, since all of the data was collected in the context of the pandemic.

The study adopts a mixed methodology, combining both quantitative (online survey from 20 January 2021 to 13 September 2021) and qualitative (semi-structured, virtual interviews with 15 men who did the survey and live in the metropolitan area of Montreal) components. To participate in the study, the men had to be over 18 years old, have immigrated less than 15 years ago, live in Quebec, and have access to Quebec health insurance (RAMQ). Participants were recruited through community organization networks, social media, and public postering (postering took place in Montreal only, while the other outreach covered all of Quebec). A total of 421 men filled out the survey (363 respondents participated in French (86%) and 58 in English (14%)).

Results

The first part of the study examines the physical health and psychological well-being of immigrant men. The results show that, since arriving in Quebec, one in two men had experienced major concerns affecting their psychological well-being and one in three had significant physical health problems. The semi-structured interviews showed that challenges accompanying the migration process can give rise to some of the hardships affecting the psychological well-being of immigrant men. 54% of the men surveyed reported having "excellent" or "very good" physical health in the

month prior to participating in the survey (thus during the COVID-19 pandemic); this dropped to 30% for psychological well-being. Finally, from the perspective of the men, the COVID-19 pandemic and confinement measures caused a more significant deterioration in their psychological health (51% of men surveyed) than in their physical health (31% of men surveyed).

The second part of the study looks at immigrant men's use of services. The data we gathered shows that, both during the month prior and during the five years prior to their participation in the survey, the men surveyed used services more (nearly three times more) for their physical health than for their psychological well-being. While the proportion of men who used physical health services is far greater than those who reported significant physical health problems, the opposite is true of the relationship between psychological well-being problems and use of services. In other words, psychological concerns were generally unaccompanied by requests for care. The COVID-19 pandemic had little influence on the use of healthcare and social services, either for physical health or for psychological well-being. Among the grounds identified by the men as likely to lead them to seek help, 87% of respondents selected "physical health problems that concerns me" and 61% chose "problems with my psychological wellbeing that concerns me" (although in reality, as just noted, the men rarely sought help for this kind of problem). Work-related issues ranked third. Since arriving in Quebec, respondents mostly relied on clinics (80%) and hospitals (64%) for healthcare and services; 55% of respondents also received services from a CLSC and 39% received them from a community organization. The majority of men reported being satisfied with the services received from these various institutions.

The semi-structured interviews provided a more detailed look at the men's experiences and appreciation of the services. While the quality of care, professional competence, and resolution of the problem(s) that had led them to seek professional help were fully recognized by the men interviewed, the long wait to get healthcare was frequently flagged as a source of frustration. Feelings about medical clinics were more mixed: respondents decried the considerable delays in meeting with a professional, followed by what they felt was undue haste in dispensing services or healthcare, as well as the lack of uniformity in the ways in which clinics are accessed. CLSC services, while appreciated, seemed little known; this may have limited the use of some resources. On the other hand, the Info-Santé helpline was highly commended and found to be very helpful by the men who used of it. Respondents who had gone to community organizations all found them useful, particularly for support in overcoming contextual barriers related to their position as newcomers. The men found that the local employment centres, unlike other services (generally evaluated positively), had difficulty in responding adequately to their specific needs and providing tools adapted to their realities.

Recommendations to improve the health and social service system's inclusion of all immigrant men must start with an understanding of the barriers impeding access to and use of the services. Nearly three-quarters of survey respondents said they had had difficulties in getting healthcare when they needed it. Structural barriers (difficulties getting an appointment, waiting too long for an appointment) and lack of knowledge ("did not know where to go", "did

not know what to do") were the most common form of barrier the men who were surveyed faced when they tried to access a service for physical health or psychological well-being. These barriers were also the most frequently cited in connection with accessing social services. However, "worried about being discriminated against / had bad experience where I was discriminated against" as well as gaps in knowledge ("did not know where to go" and "did not know what to do") represented more significant barriers to obtaining social services than healthcare.

The semi-structured interviews provided greater insight into the factors complicating or impeding access to health and social services and helped to identify additional barriers, not suggested in the quantitative part of the study. Barriers facing the men can generally be classified as relating to communication, culture, structure, socio-economic position and the migration process, and knowledge of the health system. The various barriers tend to combine with each other, as is clear from the testimonies of men who encountered multiple barriers when trying to get support for their psychological well-being.

Respondents were also invited to identify factors that facilitated access to or use of care and services. The three elements the men identified as priorities when seeking a service for physical health and psychological well-being were, in decreasing order, rapid access to the service, the feeling that the professional will really be able to help solve the problem, and the service being close to home. In addition, in the semi-structured interviews, the human dimension of care or service provision was frequently cited as primordial. Finally, the men surveyed believed that social media was the best way of informing people about healthcare and social services..

1. INTRODUCTION

In 2017, the Ministry of Health and Social Services (Ministère de la Santé et des Services sociaux, MSSS) tabled the 2017-2022 Ministerial Action Plan for Men's Health and Well-Being (Government of Quebec, 2017). Three directions for work were adopted: improving outreach to the male population through promotion and prevention strategies; adapting services to improve access and meet men's needs; improving understanding of male dynamics and practices to meet the needs of men. Under its mandate to implement ministerial guidelines, the Regional Committee for the Health and Well-Being of Men of the Island of Montreal (Comité régional en Santé et Bien-être des Hommes de l'Île-de-Montréal) mandated several partners to develop a portrait of the male population:

- The Regional Public Health Department (DRSP) of the CIUSSS of South-Central Montreal (*Direction régionale de santé publique (DRSP) du CIUSSS du Centre-Sud-de-l'Ile-de-Montréal*), which produced a report on men's health in Montreal (DRSP, 2017).
- The SOM market research firm, which conducted a survey[1] of 1542 Quebec men (SOM, 2018) as well as a specific report on Montreal men (SOM, 2019). The main goal of these studies was to understand factors facilitating men's seeking the help they needed from a resource or a psycho-social worker and their intervention preferences.
- The SOM market research firm, which conducted a survey of 2746 adult Quebec men (including 1581 from Montreal, the subject of a specific report). The goal was to evaluate the mental health of men almost one year into the pandemic and to see how they viewed remote counselling (SOM,

1 The survey was conducted at the request of the *Comité regional SBEH de l'Ile de Montréal* (Regional Committee for Men's Health and Wellness of the Island of Montreal) of the *CIUSSS Centre-Sud-de-l'Île-de-Montréal* (CIUSSS Centre-South of the Island of Montreal, in partnership with the *Regroupement provincial SBEH* (Provincial Coalition for Men's Health and Wellness).

2021).

While these surveys shed light on the situation of men, the realities of immigrant men in Quebec remain under-documented. Studies focusing on this group show that they face specific issues likely to impede their access to and use of services (Le Gall and Cassan, 2010).

In this context, the SHERPA University Institute was approached to carry out a study aimed at improving understanding of the use (or non-use) of health and social services by men who had immigrated to Quebec in the past 15 years and lived in the Montreal metropolitan region[2] and other areas of Quebec. The following questions framed the study: What factors influence the trajectory of use or non-use of healthcare and social services by immigrant men? How do immigrant men view the status of their physical and psychological health? What services do they use and for what reasons? What barriers do they encounter when they seek to access services? What are their perceptions and expectations of services? What factors facilitate their use of services? Because the research took place in the context of the COVID-19 pandemic, we also documented the impact of the pandemic and confinement measures on the physical health and psychological well-being of immigrant men and on their use of services.

2 The Montreal metropolitan region includes the administrative regions of Montreal and Laval and the Longueuil agglomerate.

2. PORTRAIT OF THE HEALTH AND WELL-BEING OF IMMIGRANT MEN IN THE LITERATURE: AN UNDER-DOCUMENTED REALITY

In 2016, immigrants represented 14% of the Quebec population (Statistics Canada, 2017a). This follows an upward trend over the past twenty years (Institut de la statistique du Québec (Institute of Statistics of Quebec), 2018). While their health was generally better than that of non-immigrants when they arrived, it tended to deteriorate over time (Lecours and Neill, 2015; Nanhou and Bernèche, 2014). This phenomenon, known as the "healthy immigrant effect"[1] is not specific to Quebec or Canada and is evident in several other immigrant-hosting countries (Kwak, 2018). Some suggest that this deterioration in immigrants' health over time does not extend to their mental health, which remains better than that of non-immigrants, despite the passage of time (Whitley et al, 2017). However, other researchers maintain that mental health is not spared in the loss of health capital over time (Salami et al., 2019).

In Quebec, immigrants as a group use health and social services less than the general population, particularly in the first years after arrival (Clarkson, 2005). However, while their use of services for physical health more closely resembles that of Canadians by birth, immigrant use of mental health services (Whitley et al; 2017), social services[2] (Lecours and Neill,

1 Several hypotheses are advanced to explain this phenomenon. First, that immigrants may be in better health when they arrive because the immigration system selects for the most educated and healthy individuals (Hyman, 2001) and immigrants have healthier lifestyles than Canadians by birth (Nanhou and Bernèche, 2014). Second, that the deterioration of health corresponding to length of time spent in Canada may be attributed to an under-use of healthcare services in the first years, living conditions, adopting unhealthy lifestyles, psycho-social stress, and even discrimination immigrants may face (Lecours and Neill, 2015).

2 Immigrants, both recent and established, seek help from social service professionals less than Canadians by

2015), and prevention services (Hyman, 2001) are significantly lower. This under-utilization cannot be explained by an absence of need in these areas (Aery, 2018), but may be partly attributable to fear of stigmatization connected to mental health disorders, to seeking support for mental health outside the formal healthcare system (family, or ethnic or religious community), to non-acknowledgement of mental health disorders due to different cultural interpretations of the illness (Fenta et al., 2007), and to the distrust immigrant men may harbour towards these services, particularly in relation to how gender roles are exercised (Bond, 2017). A fear of negative repercussions (loss of custody of children, imprisonment of spouse in situations of domestic violence, deportation, job loss) if institutions in the host society discover that they suffer from a mental health disorder may also make immigrants reluctant to seek professional help (Salami et al., 2019).

In terms of general health, recent immigrants are proportionately less likely to have a family doctor than more established immigrants and people born in Canada (respectively, 44%, 75% and 81%) and less likely to have been referred to a specialist (Lecours and Neill, 2015). We note that, "because a family doctor constitutes the entry point to the health system for advice preventing certain health problems (diabetes, high blood pressure, heart diseases, etc.), consulting a specialist, and diagnostic tests, it is reasonable to assume that this may contribute to the deterioration of immigrants' health over time" (Lecours and Neill, 2015: 10).

In addition to access to a family doctor, other factors have been suggested to explain the under-use of health and social services by immigrants, despite very real needs. The lack of familiarity with the healthcare system and the services it offers may play a significant role (Le Gall and Cassan, 2010). The trajectories of healthcare service use by immigrants are strongly influenced by length of establishment; with immigrants gradually learning, over the years, how the healthcare system is organized and what services are available (Leduc and Proulx, 2004). In the first years following migration, the multiple challenges posed by integration and establishment often mean that health is deprioritized (Leduc and Proulx, 2004); individuals mainly seek professional help for emergencies and don't have as many regular places where they receive care as Canadians by birth (Lecours and Neill, 2015). Ahmed et al (2016) and Salami et al (2019) identify four categories of barriers to using healthcare services specific to immigrants: cultural (gender relations and stigmas around mental health are among the most significant); communication-related (particularly around language); related to socio-economic status; and related to the structure of the healthcare system (centralization, lack of direct access to a specialist, difficulties in understanding and navigating the system).

There are studies examining immigrants' health and others looking at men's health, but there has been relatively little research into the intersection of the two. Consequently, the reality of immigrant men's experience of the health and social service system remains little documented in the Quebec context (Le Gall and Cassan, 2010). This group nevertheless represents 7% of Quebec's population[3]. The

birth (9.2% and 9.9% vs 13%), but are proportionately more likely to have unfulfilled needs (5.6% and 5.1% vs 2.7%) (Lecours and Neill, 2015).

3 This percentage is the number of immigrant men 15 years or older in Quebec during the 2016 census (493 605)

few studies that do exist show that immigrant men are no exception to the general trend of men using health and social services less than women (Cazale et al., 2013; Le Gall and Cassan, 2010). Some of the reasons for this under-utilization of services are similar to those of non-immigrant men; such as the impact of male socialization on the ability to ask for help (MSSS, 2004; Le Gall and Cassan, 2010), inadequate services for male clientele, (Lajeunesse et al., 2013; Dulac, 2001), and the complexity of the system, which creates barriers to access (Tremblay et al., 2016). Immigrant men thus face multiple barriers, combining structural barriers, barriers specific to men, barriers to migrants and their specific issues (such as socio-professional integration, economic precarity frequently accompanying the first years of migration, and a re-definition of their role within the couple and the family, which the migration process may entail) (De Montigny et al., 2015; Le Gall and Cassan, 2010). Le Gall and Cassan (2010) thus describe a triple distancing of immigrant men from healthcare: gender, ethnicity, and related to the migration process.

(Statistics Canada, 2017b) divided by the total Quebec population of 15 and over in the same census (6 831 100) (Statistics Canada, 2021).

3. METHODOLOGY

This study used a mixed approach, combining quantitative and qualitative data.

3.1 DATA COLLECTION

3.1.1 Quantitative

Study participants were asked to fill in an online survey (Lime Survey) between 20 January 2021 and 13 September 2021. To be included in the survey, participants had to be men who immigrated to Canada less than 15 years ago[1], be 18 or older, speak French or English, live in Quebec[2], and have Quebec health insurance.[3] The survey's 61 questions looked at their socio-demographic profile, perceived physical and psychological health and well-being, use of services since arriving in Quebec, factors impeding access or use of services, and factors facilitating use of services. The survey was available in French and English. The survey questions were developed by the research project team and drew on the SOM survey (2019), a questionnaire used for a study of the health and access to care of migrants without health insurance in Montreal (Ridde et al., n.d.), and a study of the use-trajectories of immigrant men conducted by the lead researcher of this project (Le Gall and Cassan, 2010).

Prior to distribution, the survey was pre-tested. Ten men who had immigrated to Quebec within the past ten years 1) completed an initial

1 In the literature, a distinction is usually made between recent immigrants (less than 10 years of residence in Canada) and established immigrants (ten years or more) (Kwak, 2018; Lecours and Neill, 2015). However, because of the challenges of recruiting people in the pandemic and in order to make comparisons between more recent and longer-term immigrants, the research team decided on 13 April 2021 to extend eligibility to up to 15 years of residence in Quebec. Before this date, only men living in Quebec for ten years or less could participate in the survey.

2 The survey initially targeted men living in the metropolitan region of Montreal. Thanks to an MSSS grant, it was expanded to all of Quebec, starting on 13 April 2021.

3 This criterion for inclusion (having health insurance) was necessary because the goal of the study was to understand the experiences and perspectives of people who, administratively speaking, have access to public services. It was decided to limit the study to this population because the barriers facing people who don't have access to health insurance seem to be of a different order, not easily comparable.

version of the survey and 2) participated in a brief interview about how they experienced the administration of the questionnaire (how long it took to complete, the formulation of the questions, the appropriateness of the issues and questions to their reality, etc.). Their feedback helped improve the initial version of the questionnaire.

Several strategies were adopted to recruit survey respondents. We asked a number of institutions (Comités Santé Bien-être des Hommes des Centres intégrés universitaires de santé et services sociaux (men's health and wellness committees of the integrated university health and social service centres, CIUSSS)) throughout Quebec) and community sector groups (organizations or coordination bodies working with an immigrant clientele and with men; ethnic associations) to share the invitation to participate in the survey with their networks. We then postered in several highly multi-ethnic neighbourhoods in Montreal. The survey invitation was also shared on social media (Facebook) and the websites of SHERPA and other organizations and community coalitions. The different recruitment methods meant that we were able to reach both men who had used services and those who had not (recruitment through institutions generally reaches service-users).

3.1.2 Qualitative

Survey participants were invited to indicate their interest in participating in a second phase of the project, consisting of an individual, semi-structured interview of approximately 90 minutes. They were then redirected towards a second questionnaire where they could leave their contact information, while maintaining the confidentiality of their responses to the survey. Fifteen of the 421 men who participated in the first phase of the study took part in an individual interview. Following the chronological order of their responses, we emailed the men who had said they were interested in an interview until we reached 15 (several men who had said they were interested in doing an interview did not respond to our emails). Ten men answered our questions in French and five in English. All interviews were carried out remotely by teleconference. The questions in the interview grid[4] allowed the trajectories of use or non-use of social services and healthcare to be examined in greater depth, as well as factors influencing the participants' trajectories and their perceptions and expectations of services. Only men living in the metropolitan region of Montreal participated in the qualitative part of the study. [5]

With the advent of the COVID-19 pandemic in March 2020, questions were added to the survey and the interview grid to assess the impact of the pandemic and confinement measures on health status and service use, as well as to measure the pandemic's influence on responses to the various questions.

3.2 DATA ANALYSIS

In the first phase, descriptive analyses were carried out for each survey question to sketch the socio-demographic profile of respondents and describe the trajectories of use and non-use of health and social services by immigrant men. In the second phase, cross-analyses (chi-

4 This guide was developed and tested during a study of recently immigrated men conducted in 2007 (Le Gall and Cassan, 2010).

5 This was due to the fact that eligibility was restricted to the Montreal metropolitan region at the beginning of the study.

square tests) were conducted to identify links between variables and significant associations (asymptomatic significance (p) less than 0.05). Survey data was analyzed using SPSS software Version 27). Missing values didn't exceed 10% and were not included in the analyses. However, since several of the variables had a high number of non-applicable responses, the frequency (n) is indicated for each analysis.

Variables of language in which the men answered the survey (French or English) and of place of residence (metropolitan Montreal or other regions of Quebec) were systematically compared to expose the differences (or not), for each response to the survey; between respondents participating in English and in French, and between respondents living in the metropolitan region of Montreal and in other regions of Quebec.

Individual interviews were transcribed verbatim and an analysis made using NVivo software. The corpus was first subject to a monographic analysis (each interview in itself) and then a thematic analysis (Paillé & Mucchielli, 2012) with attention to similarities and divergences in the factors impeding or facilitating the use of services and in perceptions and expectations of healthcare services.

Finally, a combined analysis of quantitative and qualitative data was carried out. The strategy of analysis used here corresponds to the comparison of results obtained in an interdependent way as described by Pluye (2019). This involved developing and analyzing a comparison table presenting qualitative, quantitative and mixed data. In this analytic strategy, emphasis is placed on the congruence of the data collected and explaining observed gaps, if any, between survey and interview results.

3.3 ETHICAL CONSIDERATIONS

The research project received ethics certification from the Research Ethics Committee of the CIUSSS Centre-Ouest de l'Île-de-Montréal. Participation in the survey was voluntary and anonymous and no financial compensation was given to respondents. The men who participated in the semi-structured interviews received a $30 compensation for their time. All interview participants were given pseudonyms to maintain confidentiality.

3.4 LIMITATIONS

Due to pandemic public health measures, initial plans for recruitment had to be completely revised. Most recruitment happened through social media because it was no longer possible to go meet participants in community organizations and other places frequented by immigrant men. Obviously, this procedure selected a sample of people with access to digital technology and the internet. This method also prevented participants from asking questions of clarification about the survey.

Other limitations, unrelated to the pandemic context, should be noted. In the first place, the recruitment strategy and the low number of people surveyed (421) does not allow us to generalize results to all immigrant men living in Quebec. Next, the fact that the survey was not translated into languages other than French and English excluded part of the male immigrant population from the outset, namely those who are not proficient in one of these two languages. Moreover, the linguistic data was imprecise given that we only gathered data on the language (French or English) in which the men responded to the survey or did the interview. These languages did not necessarily correspond to the respondents' mater-

nal language. On the other hand, as discussed in the next section on their socio-demographic profile, respondents had a higher level of education than the average for Quebec immigrant men. Additionally, areas of Quebec outside metropolitan Montreal were considered as a whole, without taking into account regional diversities, such as greater or lesser percentages of immigrants, which could affect service delivery (for example, of specific programmes). Also, the limited number of respondents from other regions of Quebec meant that we couldn't draw conclusions by region. In addition, the place of residence at the time of the survey did not necessarily correspond to all experiences reported by the men, since they may have moved since arriving in Quebec.

The men who participated in the semi-structured interviews were not representative of all the men who answered the questionnaire. Moreover, the factors noted above which affected the survey sample, simultaneously influenced the profile of the men who participated in generating the qualitative data, because they were recruited from among the men who responded to the survey. Finally, only men from the metropolitan region of Montreal participated in the semi-structured interviews.

4. SOCIO-DEMOGRAPHIC PROFILE OF PARTICIPANTS

While the men were broadly diverse, a certain socio-demographic profile of the survey respondents emerges. Table 1 presents the respondents' general characteristics. We can observe that nearly half (45%) were between 35 and 44 years old and about three-quarters (76%) had full-time work. The most selected income bracket (108 men, 26%) was $100,000 or more (annual family income, before taxes).[1] However, 45% earned less than $54,999. Almost eight in ten (79%) had a university diploma and more than four in ten (44%) had completed higher university studies (Masters or Doctorate).[2] Finally, in terms of sexual orientation, 83% of respondents identified as heterosexual.

1 In comparison, the average income (before taxes) of immigrant men aged 16 or more in Quebec in 2018 was $46,900 (*Institut de la statistique du Québec*). More generally, the average income (before taxes) of Quebec men of 16 years or more in 2018 was $50,200 (*Institut de la statistique du Québec*).

2 In comparison, the proportion of the immigrant population with a university diploma in 2018 in Québec was 66.3% for people who had immigrated in the last five years, 65% for immigrants who arrived between five and ten years ago and 53.2% for immigrants who had arrived ten years ago or more (*Direction de la recherche et de la statistique du ministère de l'Immigration de la Diversité et de l'Inclusion* (Research and Statistics Department of the Ministry of Immigration, Diversity and Inclusion) 2019). In 2011, a little over 37% of immigrants in Québec (39% of the immigrant population for men and 35% for women) held a university certificate, diploma or degree; a considerably higher rate than the Canadian-born population (21%) (Gauthier, 2014). The percentage of immigrants whose highest educational level is a BA is almost the same for men and women (19.4% versus 19.8%) while men outstrip women in holding university degrees higher than a BA (19.5% vs 15.6%) (Gauthier, 2014).

Table 1 : Demographics of Survey Participants (n=421)

Age	**Number**	**%**
18-24 years	16	4
25-34 years	88	21
35-44 years	189	45
45-54 years	99	24
55-64 years	19	4
65 and over	10	2
Main occupation (n=403)		
Full-time work	306	76
Part-time work	29	7
Retired	9	2
Student	28	7
Unemployed (unemployment insurance, social assistance)	24	6
Unemployed by choice (at home)	7	2
Annual family income (before taxes) (n=416)		
Under 15 000$	22	5
15 000 to 24 999$	38	10
25 000 to 34 999$	37	9
35 000 to 54 999$	87	21
55 000 to 74 999$	56	13
75 000 to 99 999$	68	16
Over 100 000$	108	26

Table 1 : Demographics of Survey Participants (n=421) (continued)

Highest level of studies completed in Canada or elsewhere (n=419)	**Effectifs**	**%**
Primary school	3	1
Secondary school	10	2
Trade school	14	3
College	54	13
Undergraduate university	144	34
Graduate university	154	37
Post-graduate university	31	7
No degree	7	2
Other	2	1
Sexual orientation (n=415)		
Heterosexual (attracted to people of the opposite sex)	345	83
Homosexual (attracted to people of the same sex)	52	13
Bisexual (attracted to men and women)	14	3
Other	4	1

In terms of family composition (Table 2), almost three-quarters of respondents had a partner (married or common-law) and almost half lived with at least one child under 18 years old. Their support networks seemed to be relatively strong: almost two-thirds confirmed that they could “always” or “often” count on the people around them.

Table 2 : Family Composition and Support Network of Survey Respondents (n=418)

Marital status	**Number**	**%**
Married	222	53
Common-law	85	20
Widowed	0	0
Separated	18	4
Divorced	15	4
Single	78	19
Number of minor children living with you full-time (n=395)		
0	214	54
1	72	18
2	70	18
3	30	8
4	7	2
5	2	1
Possibility of counting on people around you (n=421)		
Always	141	33
Often	125	30
Sometimes	92	22
Rarely	36	9
Never	4	1
I don't have anyone around me who I can count on.	23	5

In terms of the men's migration history (Table 3), while their countries of origin were diverse (64 different countries), some birth countries were more represented than others. The majority of respondents came from France (n=112), Algeria (n=34), Colombia (n=29), Mexico (n=21), Tunisia (n=20), Morocco (n=18), Belgium (n=14), Brazil (n=12), Cameroon (n=11) and Syria (n=8). Five in ten of the respondents' main birth countries figured among the ten main birth countries of immigrants admitted to Quebec between 2008 and 2017[3]. The respondents' main regions of origin were, in decreasing order: Europe, Central and South America, and North Africa. The majority of men surveyed (86%) had permanent migration status (permanent resident or Canadian citizen). One in ten had lived in Quebec for two years or less, two in ten had been in Quebec between two and five years, a little more than a third between five and ten years, and almost a third between ten and 15 years.

Photo: All kind of people / Shutterstock

3 The ten main birth countries of immigrants admitted to Quebec between 2009 and 2018 are, in decreasing order: France, China, Algeria, Morocco, Haiti, Iran, Syria, Cameroon, Colombia and India (Direction de la recherche et de la statistique du ministère de l'Immigration de la Diversité et de l'Inclusion (Research and Statistics Department of the Ministry of Immigration, Diversity and Inclusion), 2019).

Table 3 : Migration Background of Survey Respondents (n=421)

Geographical Region of Birth[1]	**Number**	**%**
North America	8	2
Central and South America	95	23
Europe	163	40
North Africa	71	17
West Africa	17	4
East, Central and Southern Africa	21	5
West, Central Asia and Middle-East	18	4
East, South and South-East Asia	12	3
Oceania	3	1
Current Immigration Status (n=420)		
Refugiee	6	1
Temporary resident	54	13
Permanent resident	170	41
Canadian citizen	190	45
Time since arrival in Quebec (n=421)		
Less than 6 months	5	1
6 months to a year	11	3
1 to 2 years	28	7
2 to 5 years	90	21
5 to 10 years	134	32
10 to 15 years	153	36

1 The ten main birth countries of immigrants admitted to Quebec between 2009 and 2018 are, in decreasing order: France, China, Algeria, Morocco, Haiti, Iran, Syria, Cameroon, Colombia and India (Direction de la recherche et de la statistique du ministère de l'Immigration de la Diversité et de l'Inclusion (Research and Statistics Department of the Ministry of Immigration, Diversity and Inclusion), 2019).

The final sociodemographic category was oral proficiency in the two official languages. According to Table 4, respondents were more proficient in French than in English. In fact, 95% of the men reported having advanced or intermediate spoken French, while 82% reported having a similar level of spoken English.[4]

The sample of men who participated in the interviews was generally representative of those who participated in the survey. Thus, age group representation was quite similar. The main occupation of the men who participated in the interviews, again mirroring survey respondents, was mostly full-time work (nine in 15), but the proportion of students and unemployed was slightly higher for the 15 men who took part in the qualitative phase. Profiles relating to marital status, living with at least one minor child, and sexual orientation was also relatively similar between the two groups. In terms of migration history, nine of the men interviewed come from the ten main countries of origin of survey respondents. The break-down of immigration status was also very similar between the two groups.

Table 4 : Proficiency in Spoken French and English, according to survey respondents

	French (n=419)		**English (n=419)**	
	Number	%	Number	%
Beginner	14	3	63	15
Intermediate	56	13	147	35
Advanced	342	82	195	47
Don't speak English/French at all	7	2	14	3

4 In 2016 in Québec, 27.3% of immigrant men were able to hold a conversation in French only, 15.1% were able to do so in English only, and 54.4% were able to converse in both French and English (Direction de la recherche et de la statistique du ministère de l'Immigration de la Diversité et de l'Inclusion (Research and Statistics Department of the Ministry of Immigration, Diversity and Inclusion), 2019).

5. RESULTS

5.1 STATUS OF PHYSICAL HEALTH AND PSYCHOLOGICAL WELL-BEING

How did the men who participated in this study perceive the status of their physical health and psychological well-being over the past months? Did they experience problems affecting their health and psychological well-being since arriving in the country? This section of the report will present the results of the questions about the physical and psychological health of immigrant men in the month preceding their participation in the survey, their experience (or not) of significant health problems since arrival, and the impact of COVID-19 and confinement measures on their health.

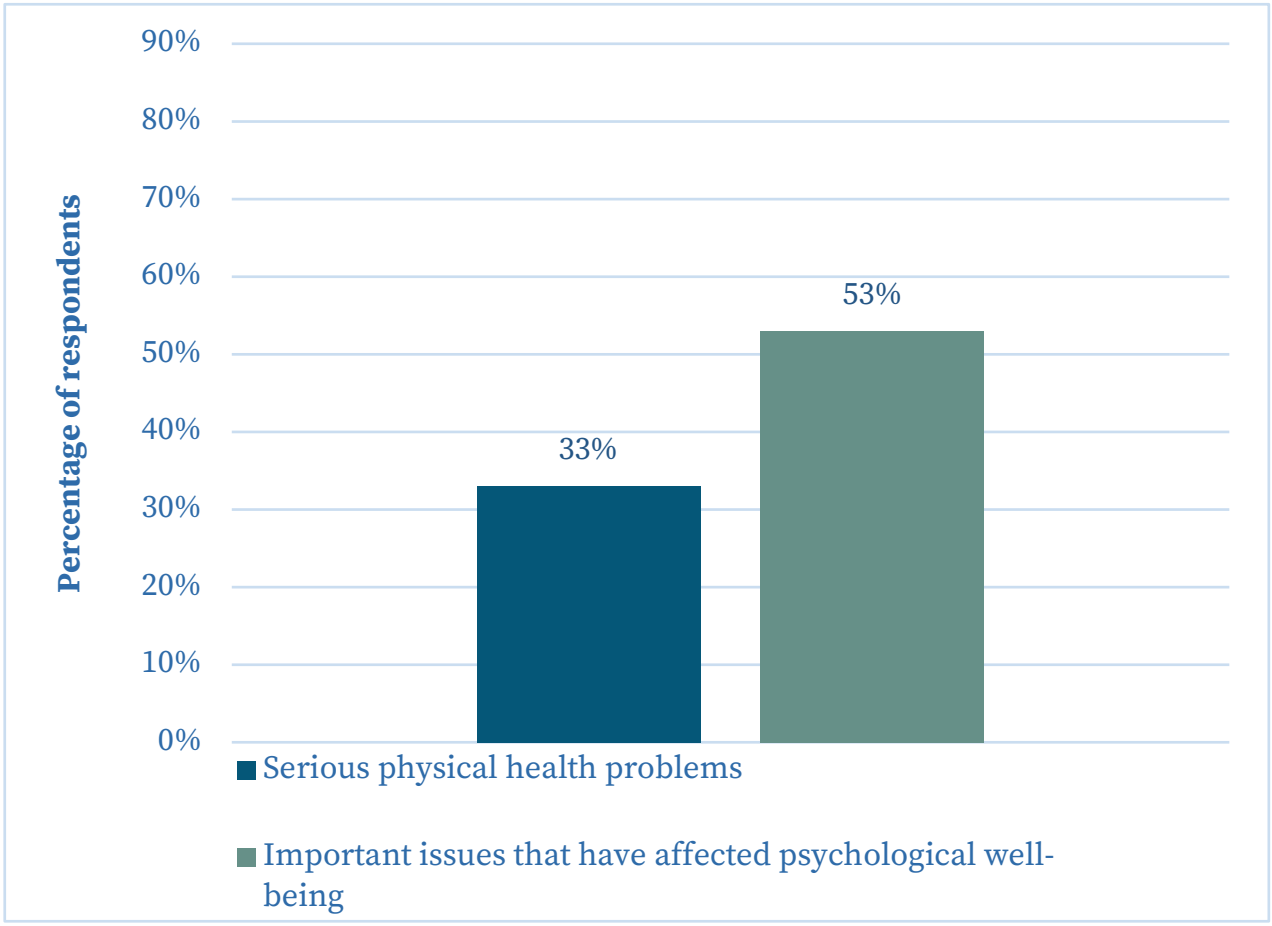
Figure 1 illustrates the fact that, since they arrived in Quebec, the men who participated in the survey generally had more significant problems affecting their psychological well-being (53%) than their physical health (33%).

Several testimonies from the men interviewed helped us to understand the extent of the challenges caused by the migration process, which were likely to affect the psychological well-being of the individuals in the years following their establishment in the country:

> *"I think in the first six months, there are lots of things going around in one's head. It was different when I got here, my health …. What will happen in the future? Will I find a job quickly? Yes, lots of questions." -Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

> *"So we had come already with a small amount of money, but … May, June, July, it started to go down and then we didn't know anymore, were we going to find a job or not? Going into a kind of … well a little … like distress, but without being in distress. That is, we started to think. We said to ourselves: 'So, where is this going? Will we be forced to go back to our country despite the permanent resident status? Do we have a chance to find work or not?'" -Mehdi, 62 years old, from Algeria, arrived in*

Figure 1 : Since your arrival in Quebec, have you experienced any serious physical health problems (examples: diabetes, cancer, back problems, etc.) (n-420) / important issues that have affected your psychological wellbeing? (n=421)



Quebec in 2009

The words of Miguel, accepted as a refugee but still awaiting permanent residence (and deprived of certain opportunities due to lack of full status[1], such as continuing his studies and applying for social housing) show us how post-migration difficulties and the difficulties that initially gave rise to his migration acted together to weaken his psychological well-being.

> *"Well when I was in Cuba, I was victim of physical violence, psychological violence, harassment, persecution, psychological tortures [...] My mental health was going down again because of my immigration situation and also the housing I was having a hard time again with housing. Because I was really being a victim of discrimination because of my origins and because I wasn't so in the high social. And there was nothing I can do! I wasn't able to work because of my mental health. I wasn't able to do nothing [...] And the... and it is really stressing, it is really, really stressing. You have no idea how stressful is the waiting. It is like, yes, finally, I am free, I can begin to start my life back. Why bureaucracy is stopping me from continue my journey. Why? Why? Why? I*

1 Accepted refugees who are waiting for permanent residence have access to RAMQ (Éducaloi, 2019)

Photo: Axel Drainville, CC BY-NC 2.0

MONTREAL AND REGIONS

Living in the metropolitan region of Montreal is more associated with reporting a fair or bad state of psychological well-being over the past month (n=411).

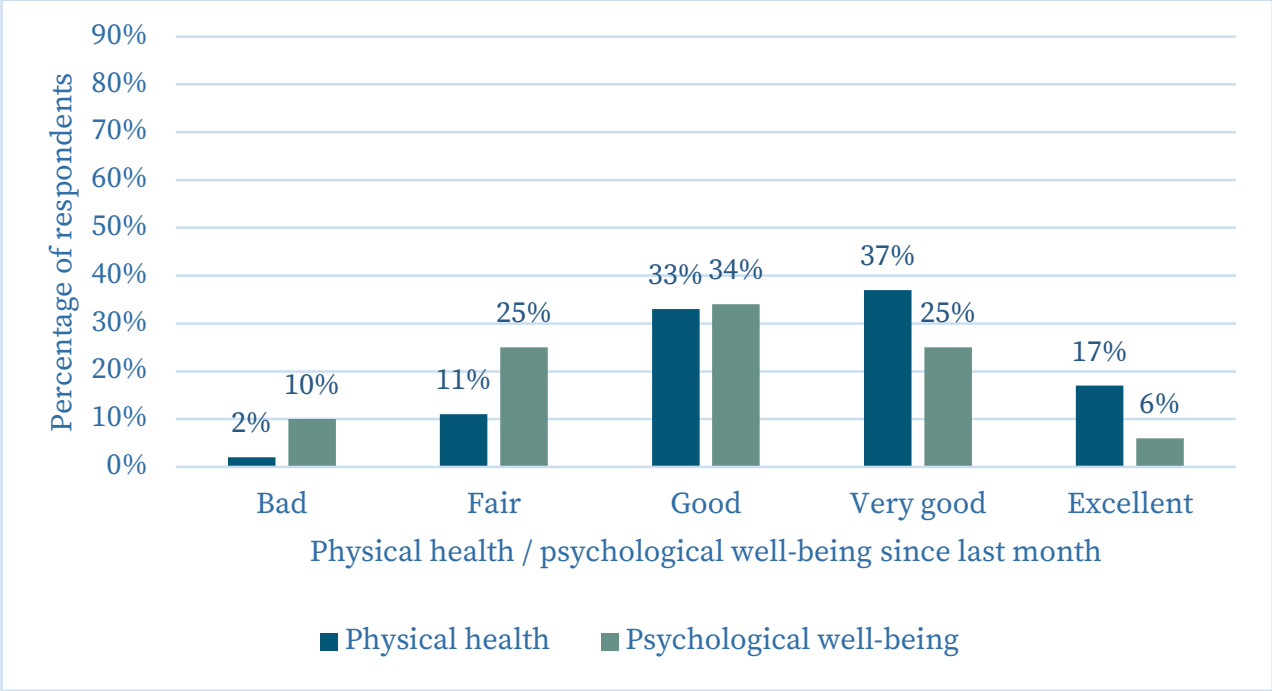
> *am not accepted, this is not my home now. Why I am stopped? Why? It doesn't make any sense." - Miguel, 38 years old, from Cuba, arrived Quebec in 2018*

In addition to being asked broadly about health and psychological well-being since coming to Quebec, respondents were also asked to assess their physical and psychological health more specifically in the month prior to their participation in the survey. As Figure 2 shows, 54% of survey participants reported excellent or very good health in the previous month and 12% reported fair or bad health. This relatively positive assessment of physical health by the men contrasts with their psychological health, which was far worse. Only 30% of men considered their psychological health to be excellent or very good and 35% reported fair or bad psychological health.

Figure 2 shows the status of the men's health, as they reported it, in the month prior to their participation in the survey, which as we know took place in the middle of the COVID-19 pandemic and subsequent confinement measures. It is safe to assume that the answers to this question were influenced by the unique context which the Quebec population, like the rest of the world, was experiencing at this time.

Figure 3 tells us that almost one-third of respondents believed that the pandemic had a negative impact on their physical health. This result is slightly less than that reported by men in the general population (SOM Survey (2021)), which indicates that 36% of Quebec men reported that the pandemic had a negative impact on their physical health. COVID-19 and the confinement measures seem to have had a greater negative impact on the psychological well-being of the men surveyed than on their physical health. In fact, half of the men felt that their psychological well-being had deteriorated because of the pandemic and confinement measures. This proportion was higher than that of Quebec men (40%) reporting a deterioration of mental health because of the pandemic (SOM, 2021).

Figure 2 : In general, over the past month, you would describe your physical health (n=420) / psychological well-being (n=421) as ...

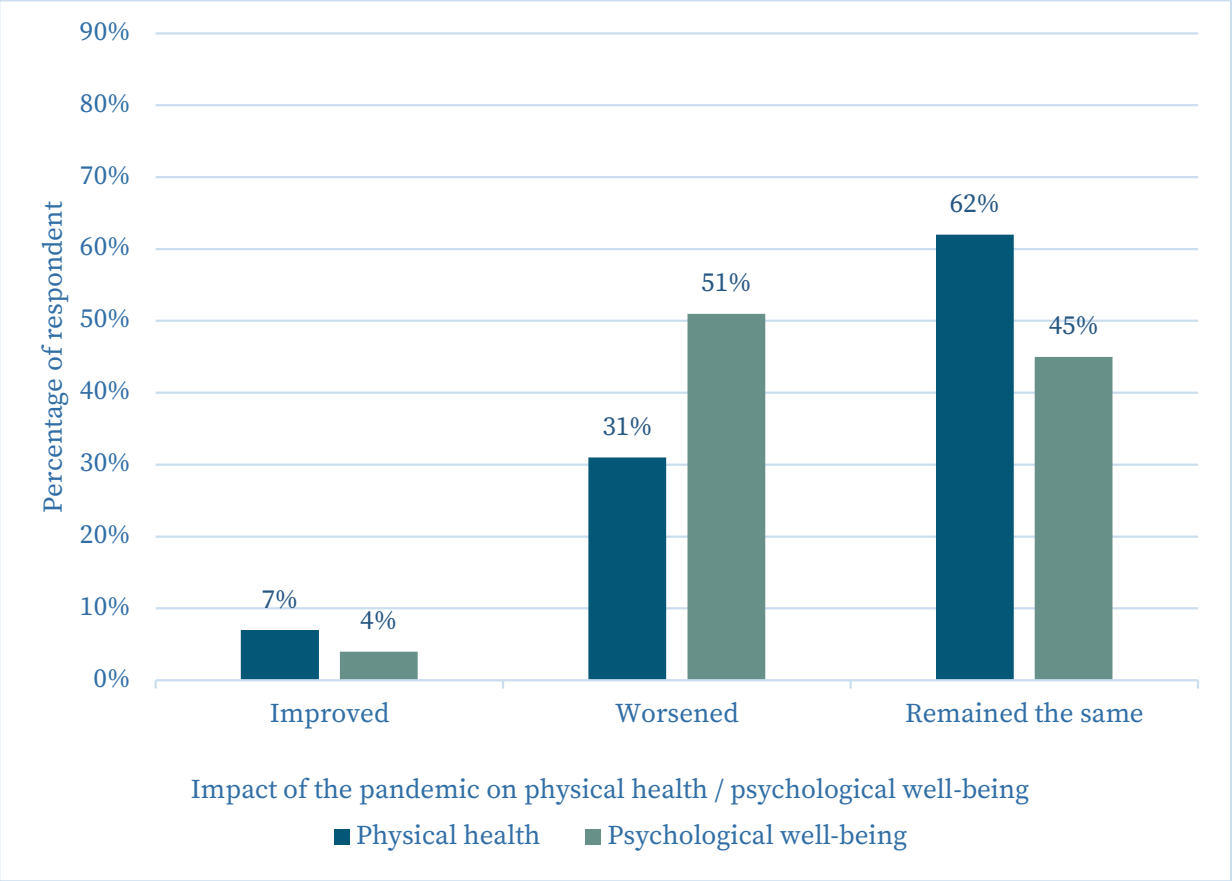


DATA CROSS-ANALYSIS

Not having a child is more associated with improved psychological well-being in relation to the impact of COVID-19 and confinement measures (n=420).

Photo : ambermb, Pixabay

Figure 3:. What is the impact of the COVID-19 pandemic and confinement measures on your physical health (n=421) / psychological well-being (n=420)?



SUMMARY

- One in two survey participants experienced important issues affecting their psychological well-being since arriving in Quebec.
- One in three survey participants experienced serious physical health problems since arriving in Quebec.
- The interviews revealed some of the underlying reasons for the distress: challenges of professional integration and stress caused by precarity of immigration status.
- In the months preceding participation in the survey (during the COVID-19 pandemic), 54% of men reported excellent or very good physical health, as opposed to 30% for psychological well-being.
- The COVID-19 pandemic and confinement measures seem to be associated with greater deterioration in psychological health (51%) than physical health (31%).

5.2 USE OF QUEBEC HEALTHCARE AND SOCIAL SERVICES

The second part of the results of this report focuses on immigrant men's use of various resources of the health and social service system in Quebec, the needs that led them to turn to these services, and the impact of the COVID-19 pandemic and confinement measures on their use of these services. This section provides an interesting portrait of service use by a sample

MONTREAL AND REGIONS

Living in the metropolitan region of Montreal is more associated with a reported deterioration in psychological well-being in relation to the COVID 19 pandemic and confinement measures (n=410) (n=410).

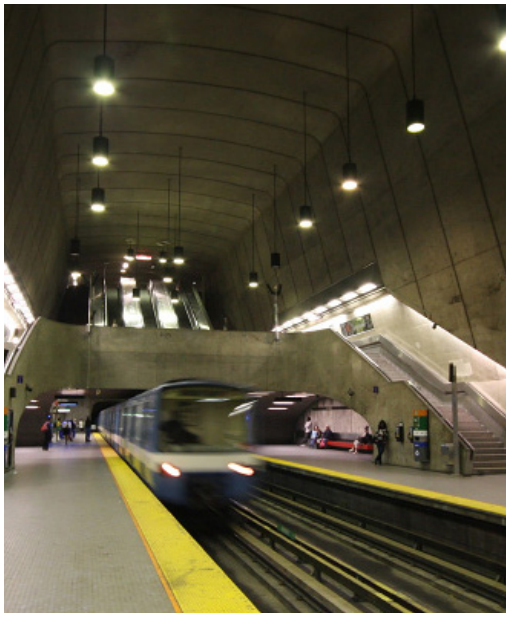


Photo: Axel Drainville, CC BY-NC 2.0

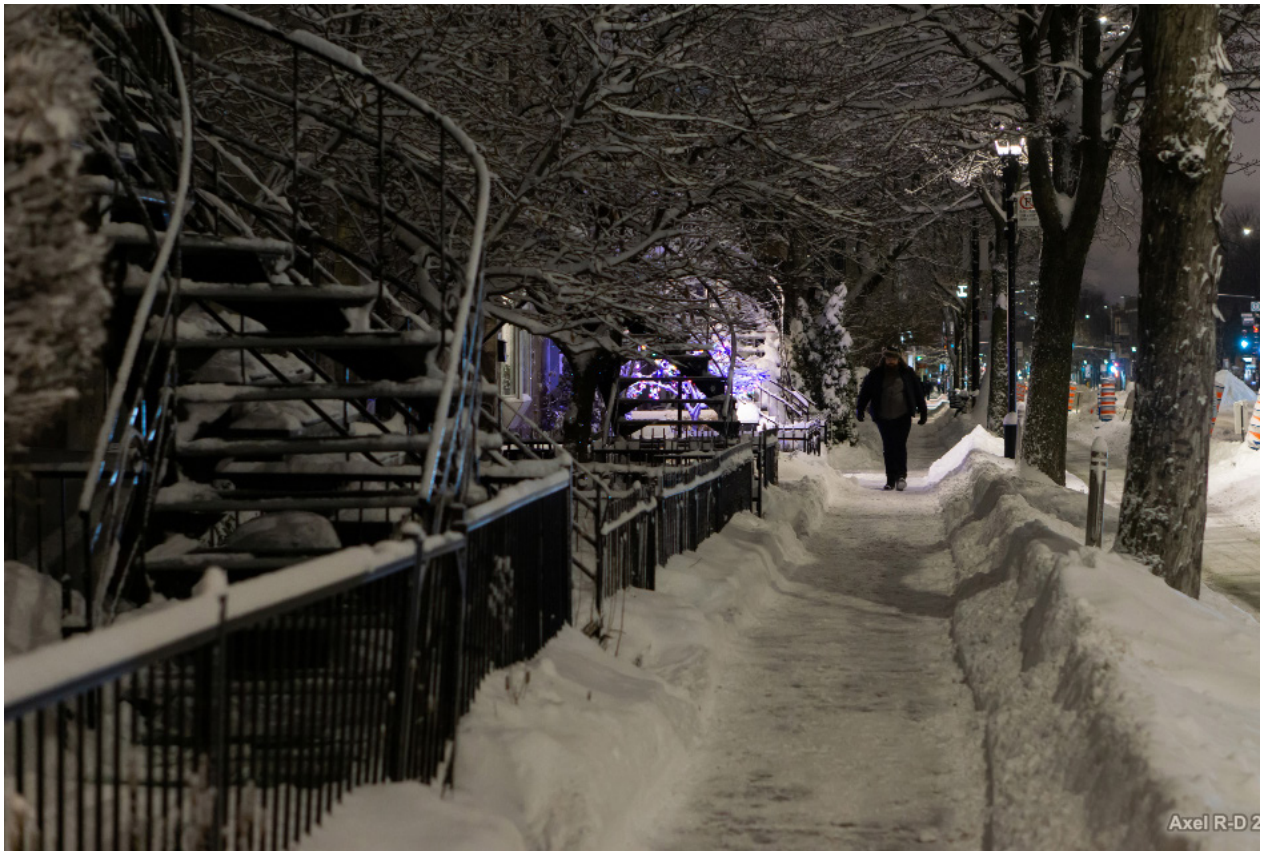


Photo: Axel Drainville, CC BY-NC 2.0

of men in a given period (last month, last year, in the last five years) and since their arrival in Quebec. The qualitative data from the interviews further provides an understanding of their experiences with the different services they used.

Figure 4 illustrates the last use of services by respondents for physical health problems or psychological well-being. It shows that the men surveyed used services more for physical health problems than problems relating to their psychological well-being. Two men in three used services for their physical health in the year preceding their participation in the survey while only 23% did so for their psychological well-being. Over a five-year horizon, 87% of respondents sought professional help for a physical health problem and 31% for an issue related to psychological health. Since arriving in Quebec, 10% of respondents had never received healthcare or services for their physical health and 65% hadn't for their psy-

DATA CROSS-ANALYSIS

The fact of being in a couple is more associated with the fact of not having used services for psychological well-being since arriving in Quebec (n=417).

The fact of belonging to a sexual minority is more associated with the fact of having used services for psychological well-being since arriving in Quebec (n=414).

The fact of always being able to count on people around you is more associated with the fact of not having used services for psychological well-being (n=420).

The fact of arriving in Quebec more than 10 years ago is more associated with the fact of having used services for physical health AND psychological well-being (n=420).

Photo: Axel Drainville, CC BY-NC 2.0

chological health.

The low rate of service use for psychological health contrasts sharply with the high levels of men reporting important issues affecting their psychological well-being since coming to Quebec and men characterizing their psychological well-being as "fair" or "bad" in the month preceding their participation in the study. In fact, while 53% of respondents stated that they had had important issues affecting their psychological well-being since arriving in Quebec (Figure 1), only 35% of respondents had used services for their psychological well-being. Likewise, while 35% of participants stated that their psychological well-being was fair or bad over the past month (Figure 2), only 13% of respondents had used services for their psychological well-being during this period (Figure 4).

Conversely, as concerns physical health, the proportion of men who used resources was higher than the proportion of those reporting that they had had serious physical health pro-

Figure 4 : When was the last time you used services for your physical health (n=420) / psychological well-being (n=420) since you arrived in Quebec?

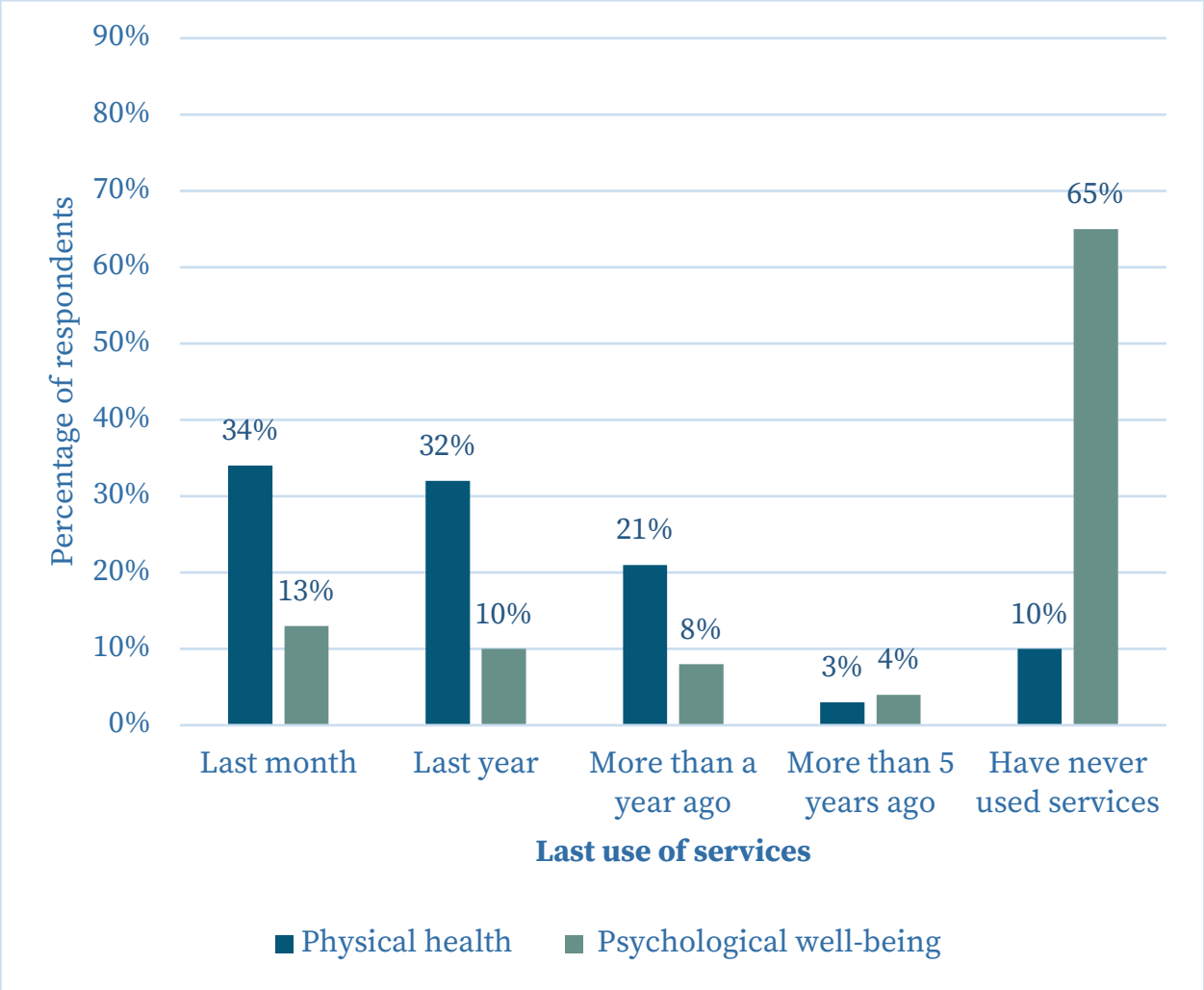


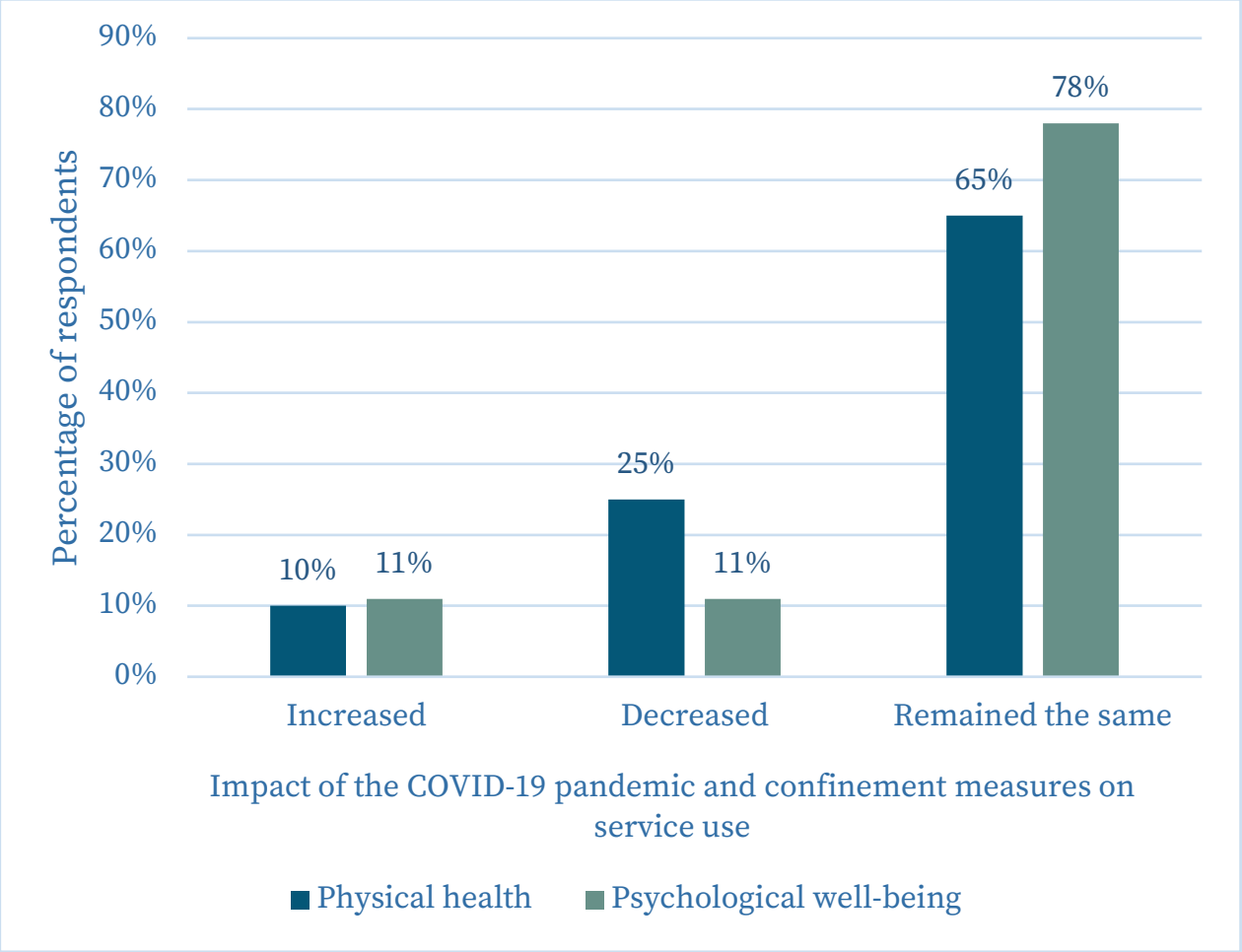
Photo: Marc Bruxelle, Shutterstock

blems or that their physical health was fair or bad in the month preceding the survey. While 33% of respondents stated that they had had serious physical health problems since arriving in Quebec (Figure 1), 90% of respondents had used services for their physical health since arriving in Quebec (Figure 4). While 13% said that their physical health had been fair or bad during the past month (Figure 2), 34% of respondents had used services for physical health during this period (Figure 4).

The survey was conducted in the unusual context of the health crisis. It was therefore important to document respondents' perception of the impact of the pandemic on their use of services (Figure 5). For the majority, the health crisis did not change their use of services either for physical health (65%) or for psychological well-being (78%). A larger proportion of men reported a decrease in the rate of service for physical health due to the COVID-19 pandemic and confinement measures (a quarter of respondents) than for psychological well-being. However, the proportion who said that they had increased service use because of the COVID-19 pandemic and confinement measures was almost identical for physical health (10%) and for psychological well-being (11%), even though the perceived deterioration of psychological health caused by the pandemic was much higher than perceived deterioration of physical health (respectively, 51% and 31%) (Figure 3).

In addition to questions about the frequency of service use for physical health and psychological well-being and the impact of COVID-19 on service use, this study sought to document which resources were used by respondents and for what reasons. In this regard, the survey showed that the resources most used by respondents for healthcare and services since they arrived in Quebec were medical clinics, with or without appointment (where 81% of respondents had received services), and hospi-

Figure 5: Due to COVID-19 and confinement measures, has your use of services for your physical health (419) / psychological well-being (n=420) …?



tals (where 67% had received services) (Figure 6). 55% of respondents had received services at a CLSC and 43% had received services offered by a community organization. Respondents also reported having used other professionals, particularly (in decreasing order) dentists (81%), pharmacists (57%), and optometrists (42%).

Figures 7, 8, 9, and 10 show why services were used in the various resources. Hospitals were mainly used for emergencies and blood tests/ vaccinations (Figure 7). Medical clinics were mostly used for minor health problems and routine check-ups with family doctors (Figure 8). CLSCs were mostly used for medical problems and blood tests/vaccinations (Figure 9). Community organizations were mainly used for job searches, language classes, food assistance and integration services (Figure 10). A high number of respondents indicated that they had gone to a community organization for food aid (50%); this led us to believe they experienced economic precarity at some point between arrival and participation in the sur-

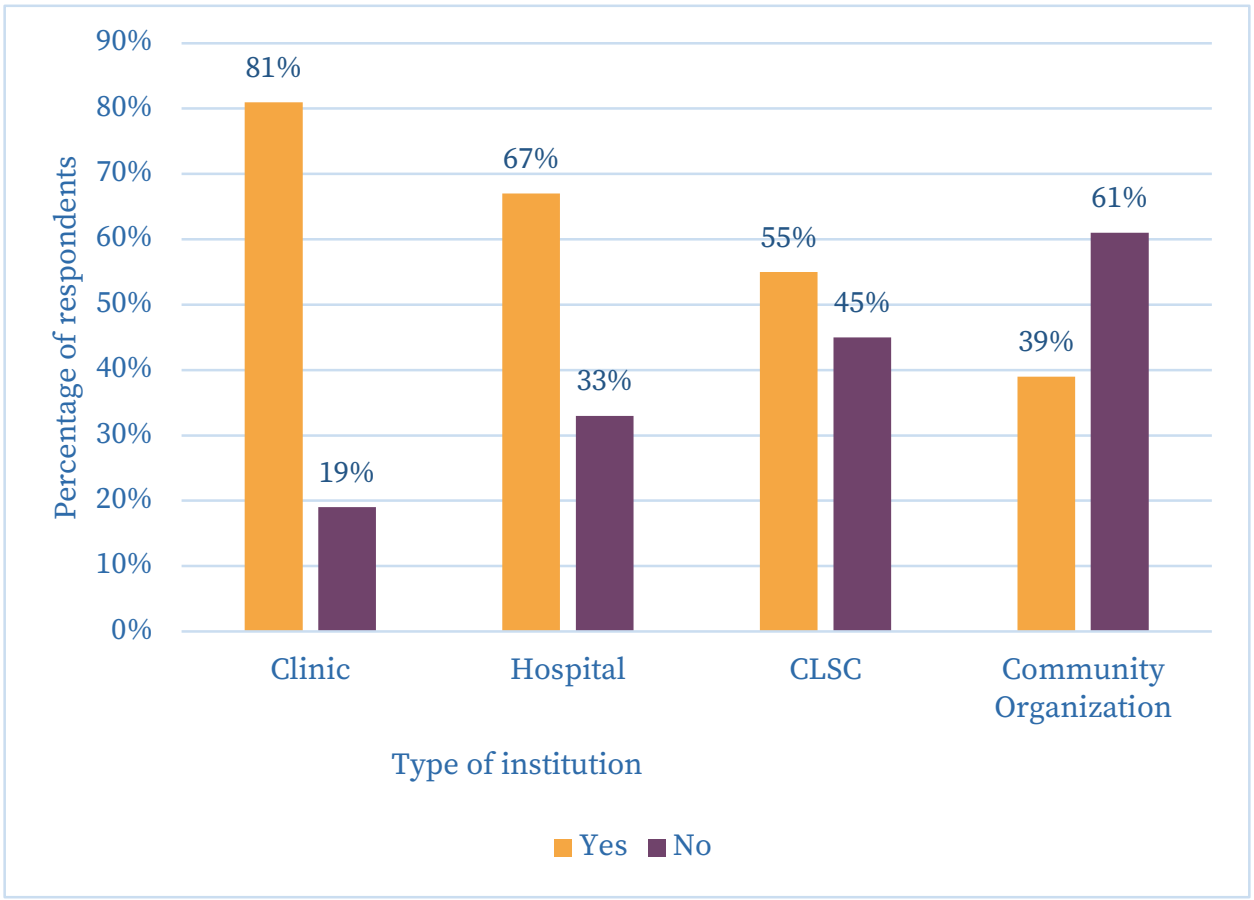
vey. [2]

What needs most frequently led respondents to seek help? Figure 11 indicates that, after physical or psychological health problems, employment-related difficulties most often prompted the men surveyed to seek help. Problems with their children, followed by their sexuality were next. It is interesting to note that 60% of the men stated that problems with their psychological well-being would lead them to seek help from resources, while in fact (Figure 4) they rarely sought professional help for their psychological well-being.

The men were invited to add reasons to those suggested in the survey. Several men mentioned the immense stress caused by precarious immigration status as likely to prompt them to seek help. There were several testimonies to this effect in the interviews, such as this one by Charles:

> *"It's actually because of immigration, I won't get into the technical details, but so it's mainly anxiety and stress. Really pretty extreme, it's been consuming me for years, simply because from our immigration situation which is temporary, so and in our permanent residence application, it's extremely complex, but there is a risk it could be refused [...] Finally, I had to see someone for*

Figure 6 : Since you arrived in Quebec, have you used services in the following institutions for yourself? (n=421)



2 The survey didn't allow us to determine at what point respondents received food aid.

> *my mental health, because of immigration." – Charles, 33, Belgium, came to Quebec in 2016*

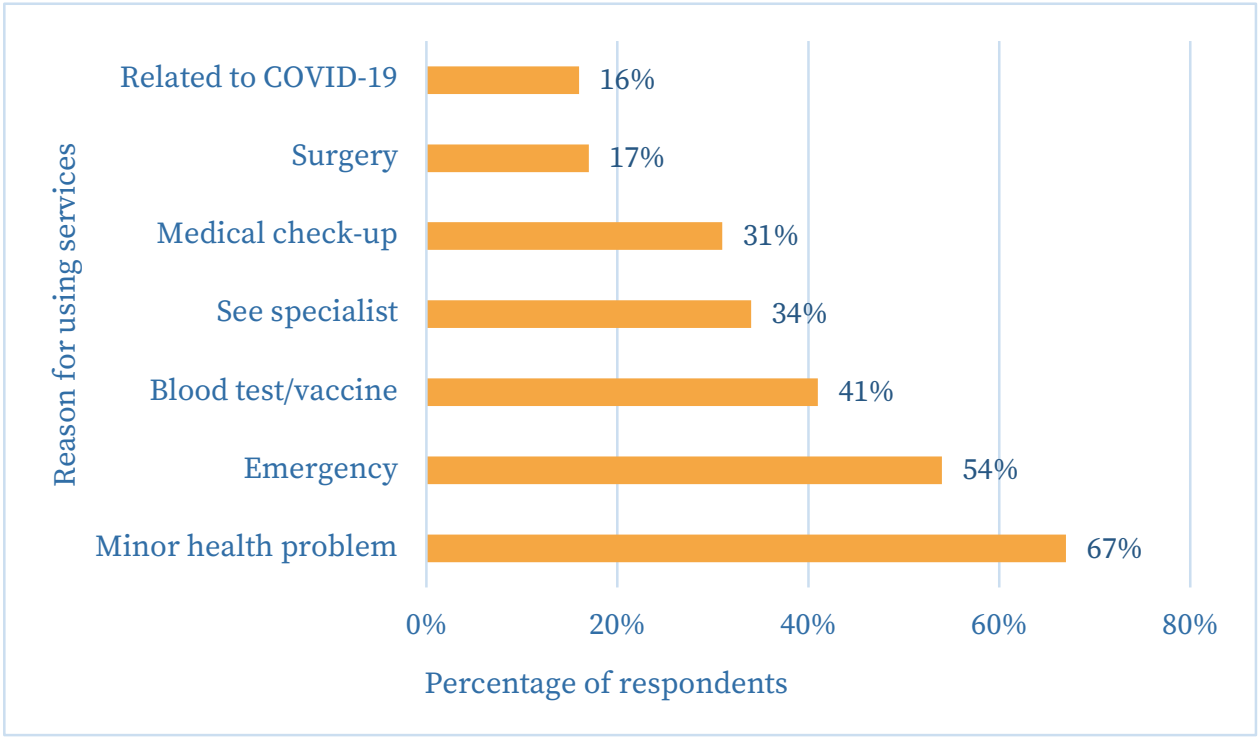
Finally, were the men satisfied with the services they received? The respondents were asked whether the services offered at hospitals, medical clinics, CLSCs and community organizations had met their needs. Generally, their needs were met at these various institutions; only a minority of the men (less than 10%) stated that their needs hadn't been met at all, as Figure 12 indicates. As we can see, there was greater satisfaction with services at CLSCs and community organizations.

The semi-structured interviews provided a more detailed understanding of participants' experiences with the different resources and the adequacy of services to their needs. The men gave clarifying and rich statements in the interviews which helped deepen our grasp of the reasons they appreciated or, conversely, were dissatisfied with certain services. The following summarizes, for each resource identified in the survey, the experiences of the men interviewed in relation to the general findings.

Hospital

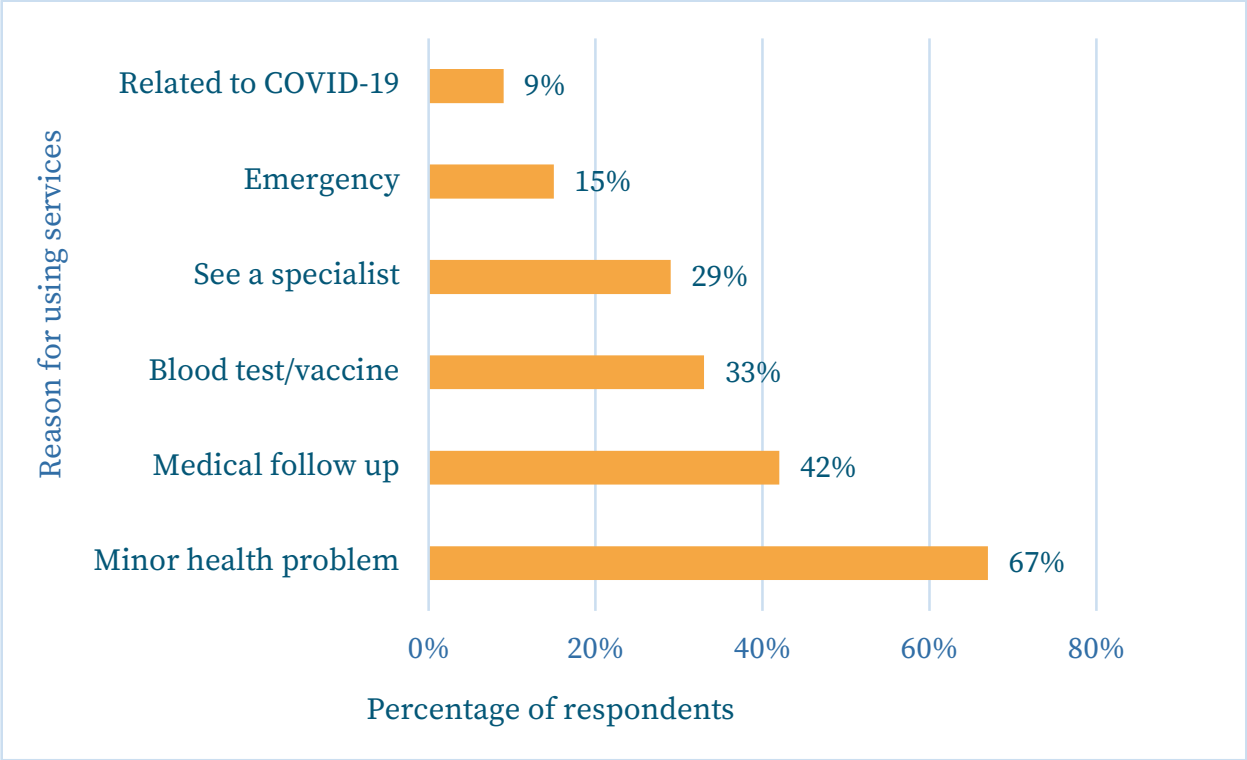
The care and services provided by hospitals were generally appreciated by the men interviewed; this is consistent with the survey finding that the majority of respondents (93%) considered their needs to have been met in this kind of institution. While the wait time was annoying and a source of dissatisfaction, especially in emergency situations, once past this stage, respondents highlighted the quality

Figure 7 : What was the reason(s) for seeking services at the hospital? (n=280)



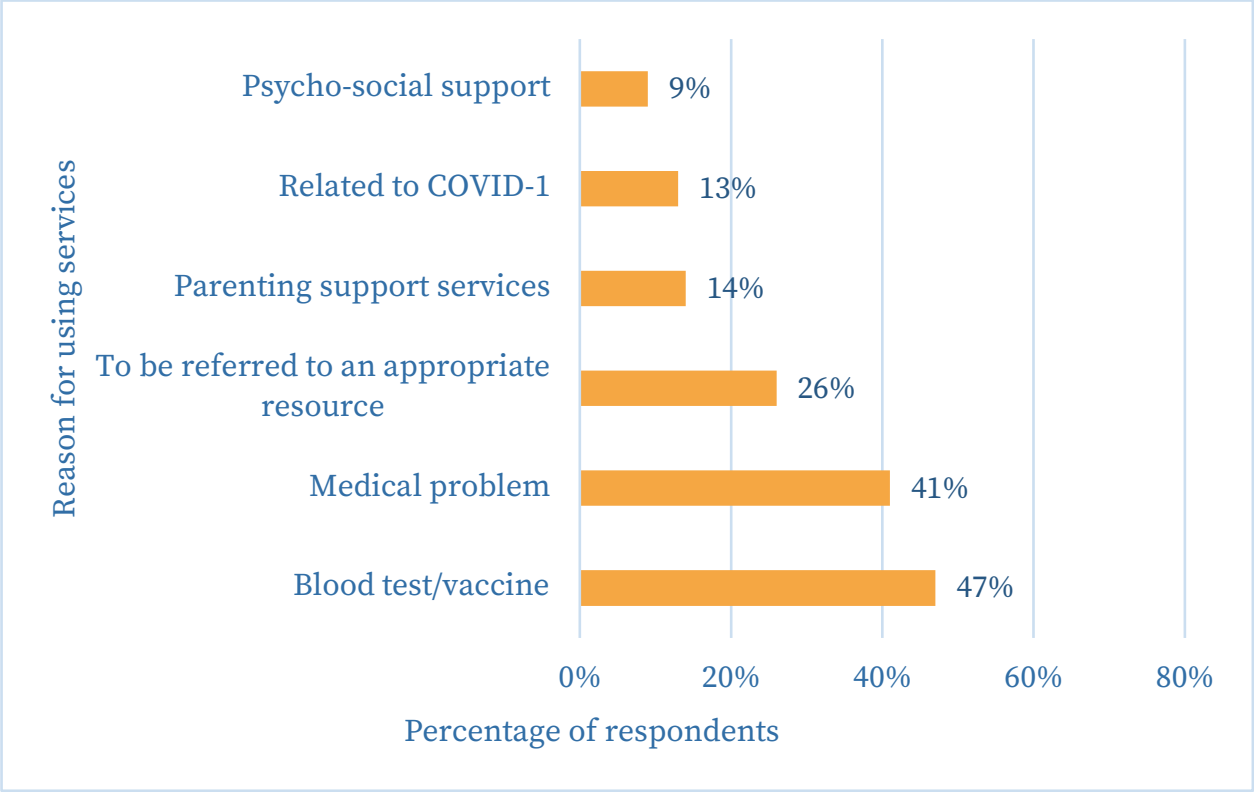
Note: Participants could select more than one reason.
141 non-applicable responses

Figure 8 : What was the reason(s) for seeking the services of a doctor in a medical clinic (with or without appointment)? (n=341)



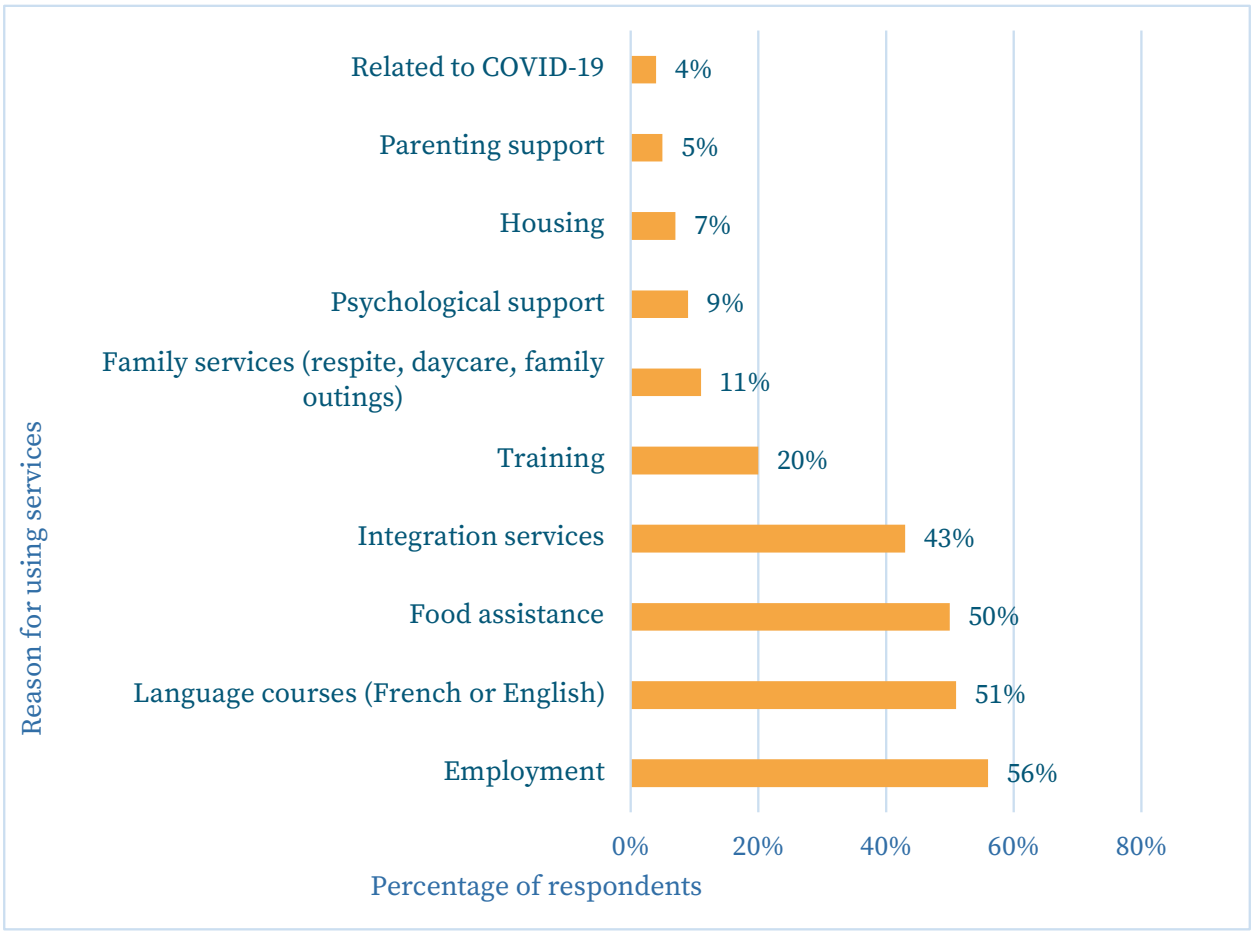
Note: Participants could select more than one reason.
80 non-applicable responses.

Figure 9 : What was the reason(s) for seeking services at a CLSC (including Info-Santé helpline)? (n=231)



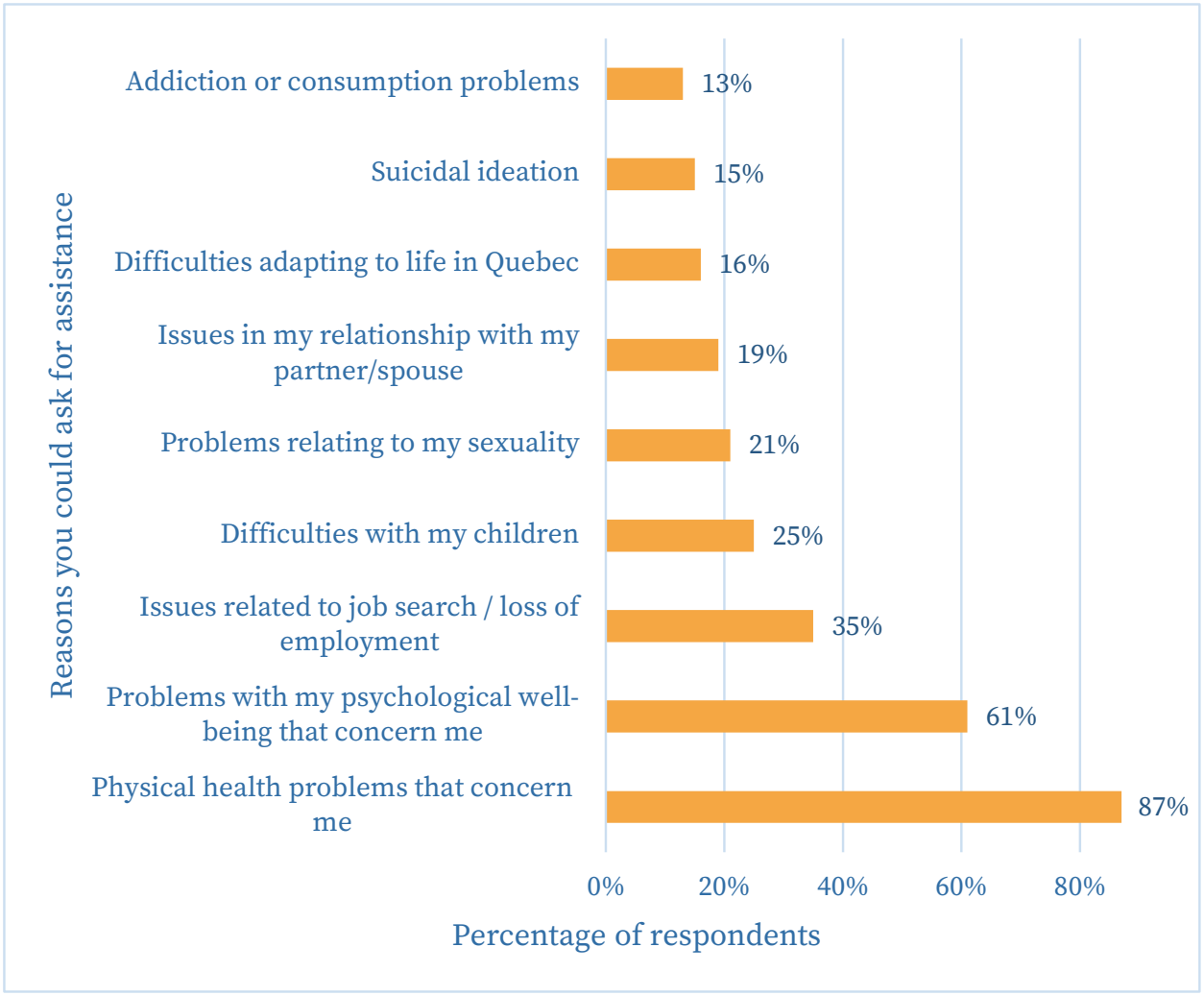
Note: Participants could select more than one reason.
190 non-applicable responses.

Figure 10 : What was the reason(s) for seeking services at a community organization? (n=231)



Note: Participants could select more than one reason.
190 non-applicable responses.

Figure 11 : Among the following reasons, check all that could lead you to ask for assistance (n=421)



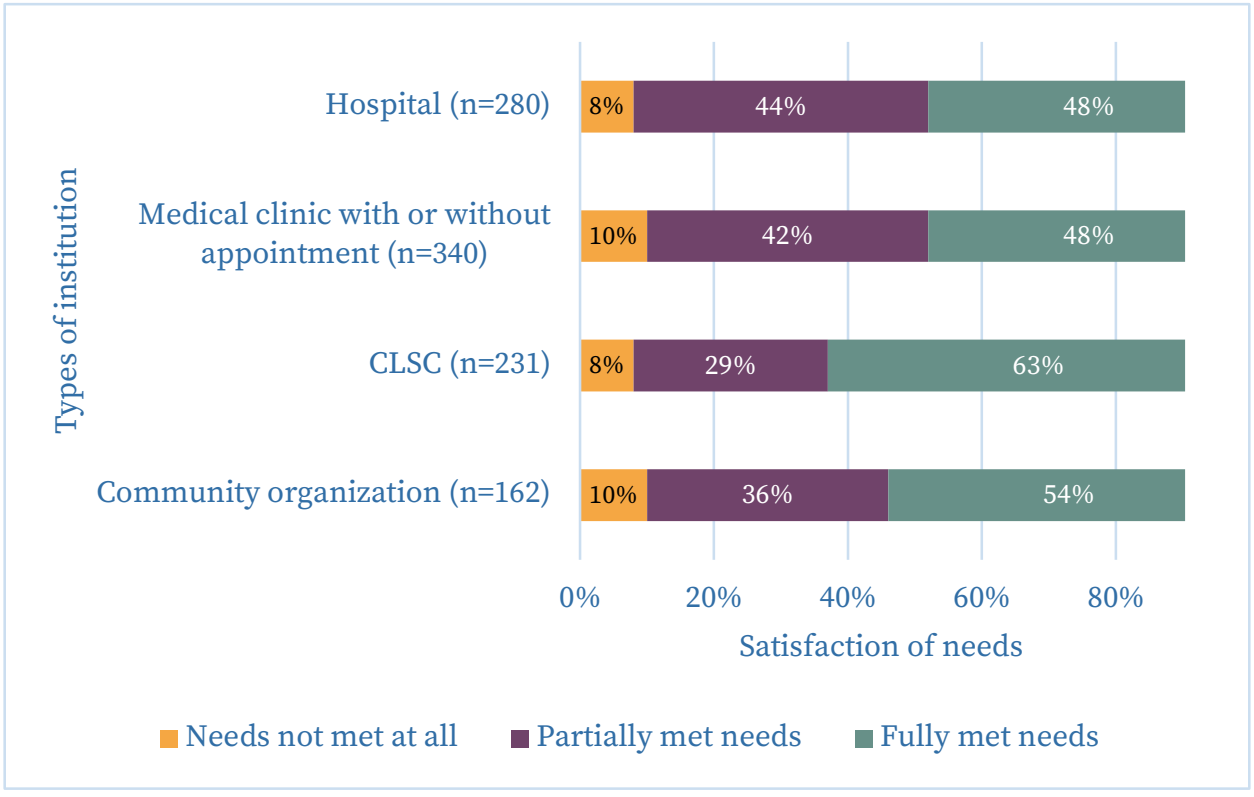
of care, professionalism of workers, and resolution of the problem(s) they had come about. In the following excerpt, Ruben talks about the experience of his daughter's hospitalization:

> *"Because my first experience was 3 months after I arrived. … We went by bus because I didn't have a car, at 6 o'clock on a Sunday morning. I went with my daughter, my wife, not a lot of French. And it wasn't until Monday at 9am that we first saw the doctor. The first time! 17 hours later. And the doctor said, 'Okay you'll have to wait two more hours.' Because the doctor said, 'I'm alone, for 30, 40, 50 people in emergency, I'm alone.' Okay, I had no choice. No other options. We stayed there almost 24 hours. After that, the service changed. It was a bizarre experience because we stayed 19 hours, then the first attention from the doctor. Then the services started moving, and he ordered a blood test and ultrasound and 40 minutes later the doctor said, 'No, no your daughter has a big infection, we'll hospitalize her for two days.' Everything was faster after that. But the problem was the first attention from the doctor. 19 hours, that's a long time."*
> *– Ruben, 45 years old, from Colombia, arrived in Quebec in 2014.*

Medical clinics (with or without appointment)

The men interviewed reported having more mixed experiences with clinics (with or without appointment). As noted above, half of the men who completed the survey indicated that medical clinics did not fully meet their needs. In the following excerpts, the men explain that the long waits, the haste of the doctors, the expeditious nature of the intervention as well as difficulties of access (including lack of uniformity in processes of access) were significant

Figure 12 : Overall, to what extent did the services offered meet your needs?



sources of dissatisfaction:

> *"In Quebec, I see that, like I go to medical clinics. Ah! It's … bah! It's really crappy, eh? Because the wait is super long. They all work differently, so there is one where you show up without an appointment, at a certain time, to get your appointment. There are others that are walk-in clinics, but … you make an appointment to go without an appointment; there are others that you call at 7 in the morning, some you have to call the day before. And you have to call at exactly the right time, because if you don't, you won't get a spot. So, it's really crappy, and then there is a long wait, so generally you have to take half a day to see a damn doctor. Then the doctor gets rid of you in 5 minutes." - Philippe, 33 years old, from France, arrived in Quebec in 2011*

> *"There's this crazy formula of walk-in clinics, but then it's not really a walk-in clinic, you have to call, but then you can't really call, you have to call at a certain time. And then at the beginning of COVID-19, they came up with some crazy website which was never working!" - Frank, 22 years old, from Syria, arrived in Quebec in 2017*

Access was less difficult for other men, but they were still dissatisfied with the dispatch with which the medical intervention was conducted, as the following excerpt shows:

> *"I went to the first appointment. And the first question was, 'What do you need?' I said normally in Colombia, my experience, when I get to an appointment the doctor says, 'Okay, sit down.' and he takes your pressure, takes a few questions … No, here, the doctor says, 'what do you need?' I said, 'I think I have a pain here.' 'Ah! Okay, anti-inflammatories, blah-blah-blah.' three minutes! Three minutes!" -Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

Centre local de services communautaires (Local Community Service Centre, CLSC)

Most survey participants said that the CLSCs met their needs and the interviews confirmed the adequacy of services to needs. However, we learned from the interviews that, apart from vaccinating children and blood tests, services provided by CLSCs were relatively unknown (and consequently little used) by the men we interviewed. The following excerpt reflects this lack of knowledge about CLSC services, which prevented the respondent's family from getting free services from a professional in the public system:

> *"Yes, for example, my daughter, my second daughter, she needed a speech therapist, but we weren't aware this service was available at the CLSC. Later someone told us." Q.: "Your daughter needed a speech therapist, so you had her evaluated at a private practice, is that right?" A.: "Yes! Yes, because we didn't know the place, we first did it at a private practice." - Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

Despite the lack of awareness of numerous services offered by CLSCs, most respondents knew about, and appreciated, the Info-Santé helpline, which provided answers to many questions and directed them to appropriate resources. Philippe explained that he often used it:

> *"So I found that 811, it's excellent! Because I use it to check things. 'So, do I need?' […] I find 811 is pretty cool too, I find it reassuring, to have a number you can call at any time." - Philippe, 33 years old, from France, arrived in Quebec in 2011.*

Community Organizations

Partially confirming the survey data, all of the men interviewed who had used community organizations expressed a lot of gratitude for the welcome and the services they had received and thought that the organizations had helped them to overcome different problems, particularly those relating to their position as newcomers. As Figure 10 shows, community organizations were mainly used for job searches, language courses, food assistance, and integration services. However, knowledge about community resources seems to have been acquired "on the fly", through individual initiatives or contacts rather than by more "institutional" or systematic referral. This means that many men might remain unaware of their existence or not hear about them for a long time. In the following excerpt, we can see that a community organization played a key role for Carlos:

> *"On arrival, it was the first contacts I had, but by doing research. Because on the level of the government, I don't think I was told that there were community organizations who could help me. So it was by doing research myself that I started to see that there were many kinds of services which could help me. […] So it's sure that on arrival right away, the approach is very different, it's a very welcoming approach, and it helped me enormously for different things for example, learning French, I started in a community organization […] everything related to citizenship, with all the papers, I got help from them. Also at the beginning, I had food help too. […] Over time, I started to see the full extent of community organizations, and it's a huge network." - Carlos, 43 years old, from Mexico, arrived in Quebec in 2008*

Several men, like Eric, told us that community organizations had played a fundamental role in their process of integration as an immigrant and in overcoming various vulnerabilities caused by migration:

> *"The services offered, social services, are super-important, and helping people to stabilize, and focus on integrating […]. I think that it's a strength for Quebec, having community organizations, and they help out communities in need, and maybe the populations who at this time, in their life, are in need. So when we arrived, as an immigrant without knowing it you become a vulnerable person, we don't think of that, we never think we are vulnerable. […] So I find that they are extremely human people in the sense that there are people in need, and they are there for them, in sometimes difficult conditions of work, of offices, of resources, listening […] I find it extraordinary because it doesn't exist elsewhere. Where I'm from, this culture of community organizations and all the involvement of people around it doesn't exist." - Eric, 41 years old, from Colombia, arrived in Quebec in 2012*

Centres locaux d'emploi (Local Employment Centres, CLEs)

The *Centres locaux d'emploi* (Local Employment Centres, CLEs) were not included in the survey, but almost all of the men interviewed told us about an experience with them; often disappointing and replete with roadblocks. This is clearly problematic when we recall that employment is generally a top priority for immigrant men. The difficulties may arise from staff behaviour seen as inappropriate, as the following excerpt makes apparent :

> *"Because what the lady does, 'Fill this a form.' of four pages, for us it's hard! A form that asks for a lot of information. She didn't answer anything, anything […] (…) She should be calm, the ability to help. Because if I didn't unders-*

> *tand, she gets mad. In a service! Because in the Centre local d'emploi, normally like 50% of the people are immigrants, the other 50% are from here. Yes, I didn't like ... I think that her skills, her training ... I don't know ... [...] (...) That's what I don't understand here, people who are immigrants like us, after a few years, they think they are different from us." - Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

For other men interviewed, the dissatisfaction had more to do with the kinds of services offered as well as the objectives of *Centres locaux d'emploi* programmes, which, in their view, didn't sufficiently take into account their skills, their specificities or challenges to professional careers they faced as immigrant men. Mehdi, a doctor in Algeria, had to return three times to get help corresponding to his needs. His neighbourhood CLE had referred him to a specialized employment centre to help doctors trained overseas, but in his view, they didn't know how to equip him for labour market reintegration:

> *"I'm not blaming anyone, to me it's not the fault of individuals, maybe the lady I saw at the local employment centre was doing what she could. But it wasn't helpful at all. So I came back, I started looking for work by myself, and I was lost. [...] It isn't easy for the person in charge of the local employment centre. I understand that, I know. But what I think is that in big centres like Montreal, it should be a little more specialized and maybe I don't know ... [...] I don't accuse them [the CLE employees], I think that it is just that for them, I think that they don't have enough training about what happens elsewhere and about the different profiles who come. [...]" - Mehdi, 62 years old, from Algeria, arrived in Quebec in 2009*

SUMMARY

- Over the past months, or since they arrived in Quebec, the men surveyed had used services for their physical health more (almost three times more) than for their psychological well-being, even though they had had more significant problems affecting their psychological well-being.
- Psychological concerns were most often unaccompanied by use of services.
- The COVID-19 pandemic had little impact on the use of health and social services, either for physical health or for psychological well-being.
- 87% of the men said that they would seek help for physical health and 61% said they would for psychological well-being. Work was third among the reasons for which men said they would seek help.
- Medical clinics (80%) and hospitals (64%) were the resources most used by the men to get healthcare and services since coming to Quebec, while 55% of the men received services at a CLSC and 43% at a community organization.
- Most men said they were satisfied with the services they received in these four types of institutions.
- CLSCs and community organizations were more apt to meet the men's needs

5.3 FACTORS IMPEDING ACCESS TO OR USE OF HEALTH AND SOCIAL SERVICES

Understanding the barriers which limit or block access to or use of healthcare services by immigrant men is an important aspect of this study.[3] This section addresses this issue.

As Figure 13 illustrates, nearly three-quarters of respondents said they had had difficulties getting healthcare when they needed it. Several factors impeded access to or use of healthcare (including for psychological well-being). Difficulty in getting an appointment and the long wait for an appointment[4] as well as lack of knowledge ("did not know where to go", "did not know what to do") were the most significant barriers encountered by the men surveyed when they tried to access services for their physical health or psychological well-being. In addition, real or feared costs constituted a barrier for almost one in four men. It is noteworthy that lack of understanding of services and how they work, communication difficulties, and the experience (or fear) of discrimination were more often considered to be barriers to social services than to services for physical health.

The survey invited the men to name additional barriers which didn't figure among the multiple-choice suggestions. Difficulty getting a family doctor was the most frequently cited.

3 While our sample consisted of men with access to RAMQ services, a "waiting period" of three months is imposed on immigrants, during which time they don't have access to the public healthcare system. However, our data-gathering tools did not allow us to examine how this lack of coverage manifested itself and impacted the men, even though this initial barrier likely influenced their responses. Similarly, some barriers may be specifically related to coverage provided by the Interim Federal Healthcare Programme (IFHP), which grants temporary and limited healthcare protection, particularly to refugee claimants. The survey didn't take this stage into account, although some of the men went through it. There were nevertheless several references to this in the interviews.

4 The same was true for the Canadian population in general: "waiting too long for an appointment" and "difficulties getting an appointment" were the barriers most often cited by everyone (regardless of gender) who reported having difficulties getting healthcare (Clarke, 2016).

Photo: Axel Drainville, CC BY-NC 2.0

DATA CROSS-ANALYSIS

Earning more than $35,000 (annual family income) is more associated with having had difficulties in accessing social services since arriving in Quebec (n=416)

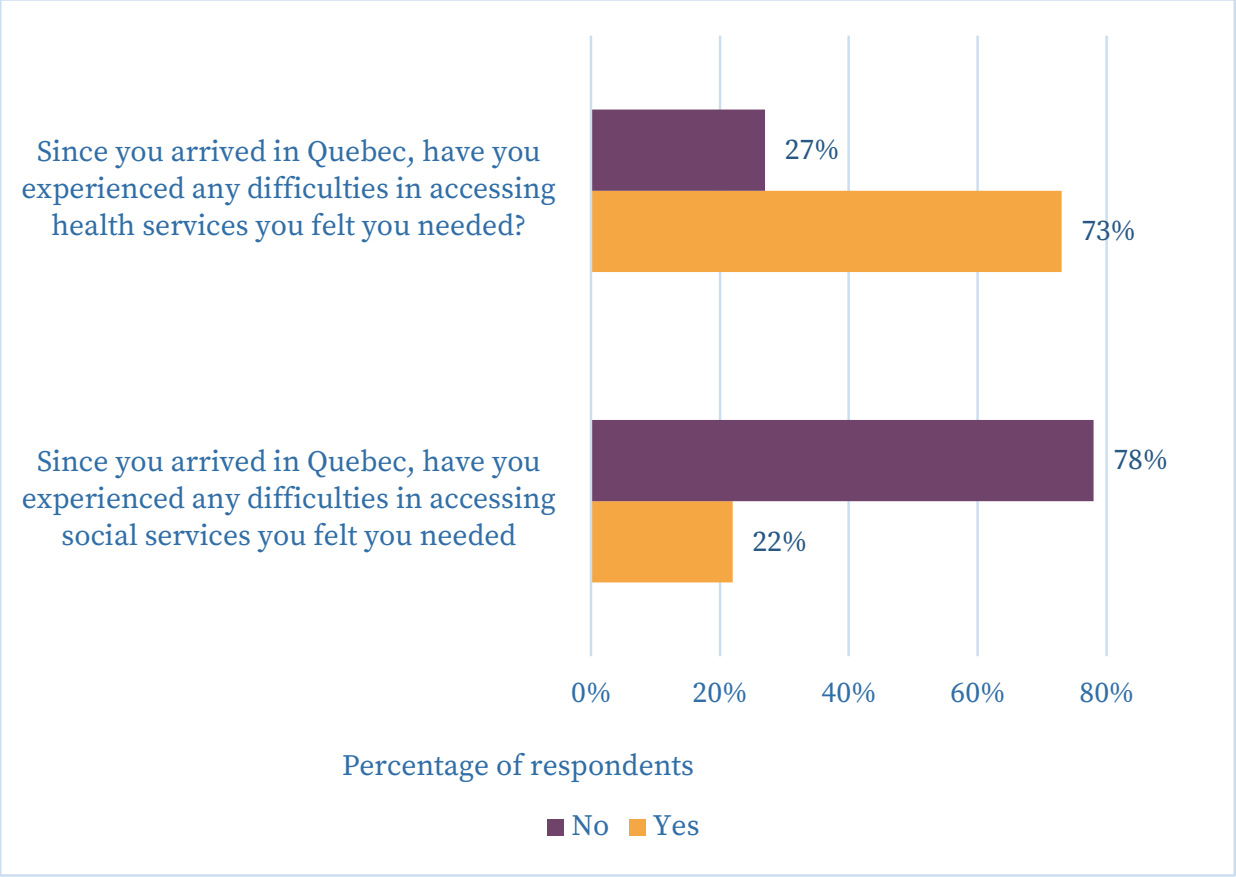
Having intermediate French is more associated with difficulties in accessing social services since arriving in Quebec (n=421)

Also, having an advanced level of French is less associated with difficulties in accessing social services.

The semi-structured interviews provided us with a better understanding, from concrete examples, of the factors complicating access to healthcare and social services for the men interviewed. While there was overlap with the reasons suggested in the survey, the men interviewed described additional barriers. An analysis of the interviews helped identify five broad categories of barriers, as illustrated in Figure 15: communication, lack of knowledge, socio-economic status and migration-related, culture, and the structure of the healthcare system.[5] These categories are not mutually exclusive (a barrier can belong to more than one category) and can be combined (the same person can face several kinds of barriers simul-

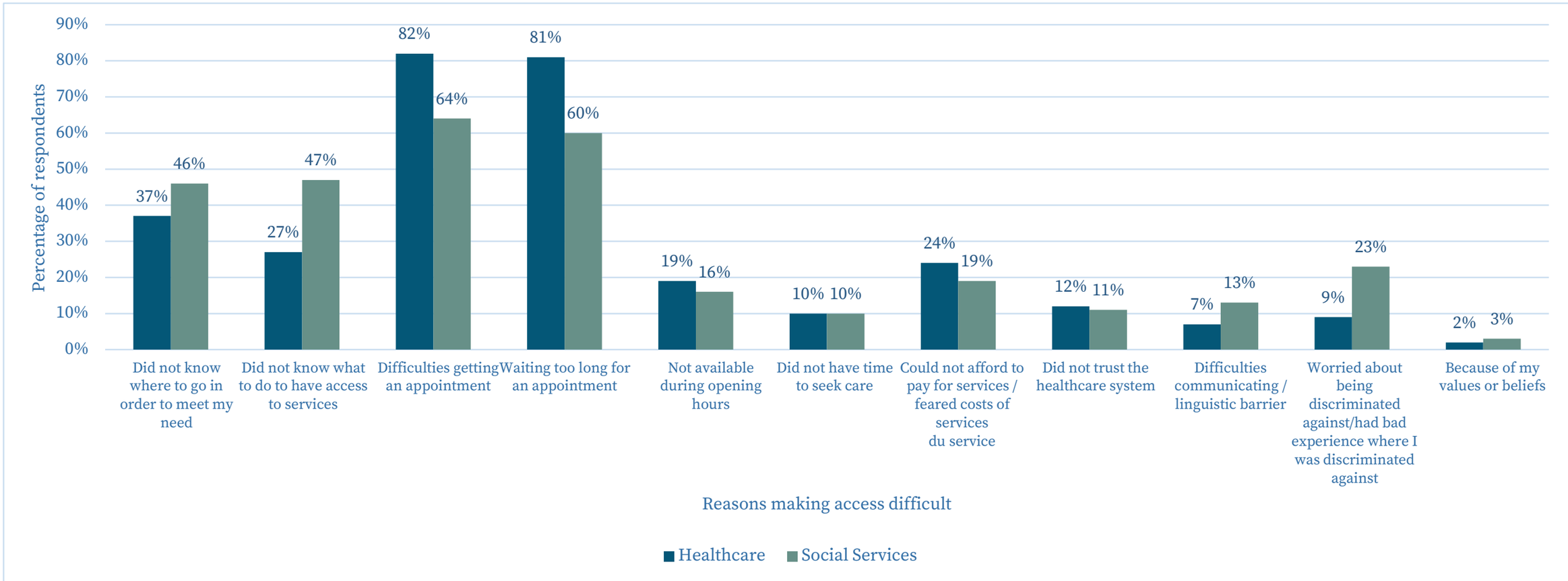
5 These barriers are adopted from Ahmed et al. (2016), who identified barriers immigrants face in accessing primary healthcare in Canada. Communication-related barriers refer to difficulty in expressing oneself in one of the two official languages. More broadly, they also include cultural dimensions of communication. Following Hofstede (1980), the authors define culture to include ways of thinking and acting which distinguish individuals and groups. Culture influences the way people care for their health and make decisions about it. Among culture-related barriers identified by the authors are gender relations, stigma associated with mental health problems, and lack of cultural competence on the part of health professionals. Socio-economic barriers are related to a decline in economic status frequently caused by migration, particularly in the first years. This economic precarity creates barriers related to employment precarity, lack of time, and the cost of transportation and certain services. Barriers related to the structure of the healthcare system involve centralization, difficulties in understanding and navigating the system, and frustration over the need for a referral to see a specialist. Knowledge-related barriers refer to immigrants' lack of knowledge about the healthcare system.

Figure 13 : Since you arrived in Quebec, have you experienced any difficulties in accessing the health services you felt you needed (n=420) / social services you felt you needed (n=421)?



taneously). They nevertheless provide a useful analytical framework to examine the difficulties immigrants face in accessing healthcare.

Figure 14 : What reason(s) prevented you from accessing healthcare / social services (n=94)



Note: Participants could select more than one reason.

FRENCH / ENGLISH

Having completed the survey in English is more associated with reporting "did not know where to go to meet my need" as a factor impeding access to healthcare (n=94; 327 non-applicable).

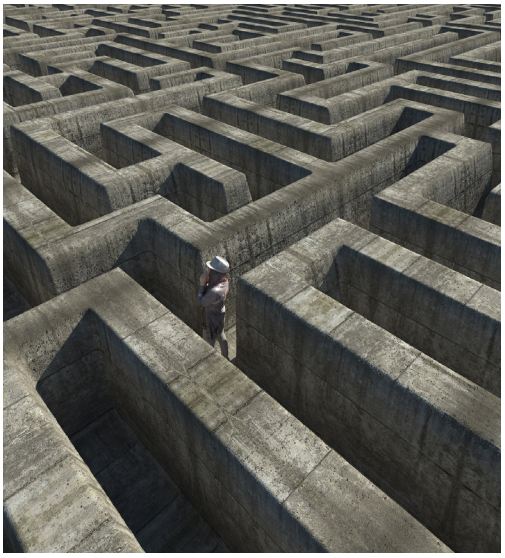


Photo: Matthias Wewering, Pixabay

5.3.1 Communication-related Barriers: language as an essential factor in expressing ailment and accessing healthcare

Communication is central to accessing and using services and indeed to seeking help. Several men told us they had experienced difficulties in the health and social service system due to lack of language proficiency, particularly in their first years. This reality may make some men hesitate to seek help for a physical or psychological health need, as Eric explains:

> *"In the beginning, the first years, the language barrier is really painful. Really, really painful. Having an appointment by phone, sometimes, for some people, it's painful. I know some people are patient, etc. But sometimes, we don't understand, they don't understand us. So we can't, we have a hard time explaining what we feel. Sometimes, we don't even know the words to describe the pain, the parts of the body, the main issue, etc. What do we feel? So it's not easy to get used to that, it's not easy, it was not easy at the beginning. So, let's say probably we had the flu, we had things like that, but we avoid, because we know that … Let's see, we take a … I don't know, a syrup, something like that and then some medication, non-prescription, and it's going to be okay."*
> *- Eric, 41 years old, from Colombia, arrived in Quebec in 2012.*

Proficiency in the language of communication is also crucially important when seeking support for psychological well-being, as Miguel explains. While he speaks almost perfect English, he feels more comfortable with a therapist in his mother tongue (Spanish):

> *"I think the language, the English is not my native language maybe there were some words that can be misunderstood from the culture, I think! I think! That might be also an issue."*
> *- Miguel, 36 years old, from Cuba, came to Quebec in 2012*

5.3.2 Socio-economic and Migration-related Barriers: when healthcare is financially inaccessible and integration challenges make health a non-priority

Immigration means leaving your family, friends, house, job, etc. behind you. While the men we met had left their countries of origin out of a desire for a better life for themselves (but often also for their children), establishment in Quebec was, for many of them,

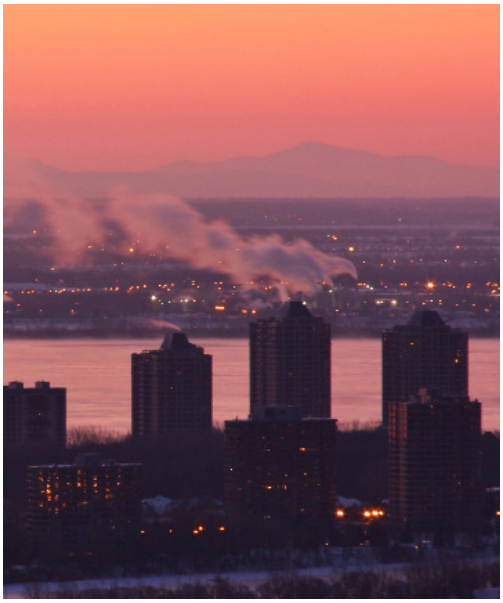


Photo: Axel Drainville, CC BY-NC 2.0

MONTREAL AND REGIONS

Living in the metropolitan region of Montreal is more associated with having had difficulties accessing social services since arriving in Quebec (n=411).

FRENCH / ENGLISH

Having completed the survey in French is more associated with having been impeded from accessing healthcare by "not knowing what to do to have access to services" (n=93, 318 non-applicable).

Photo: Axel Drainville, CC BY-NC 2.0

Figure 15 : Barriers to accessing or using health and social services

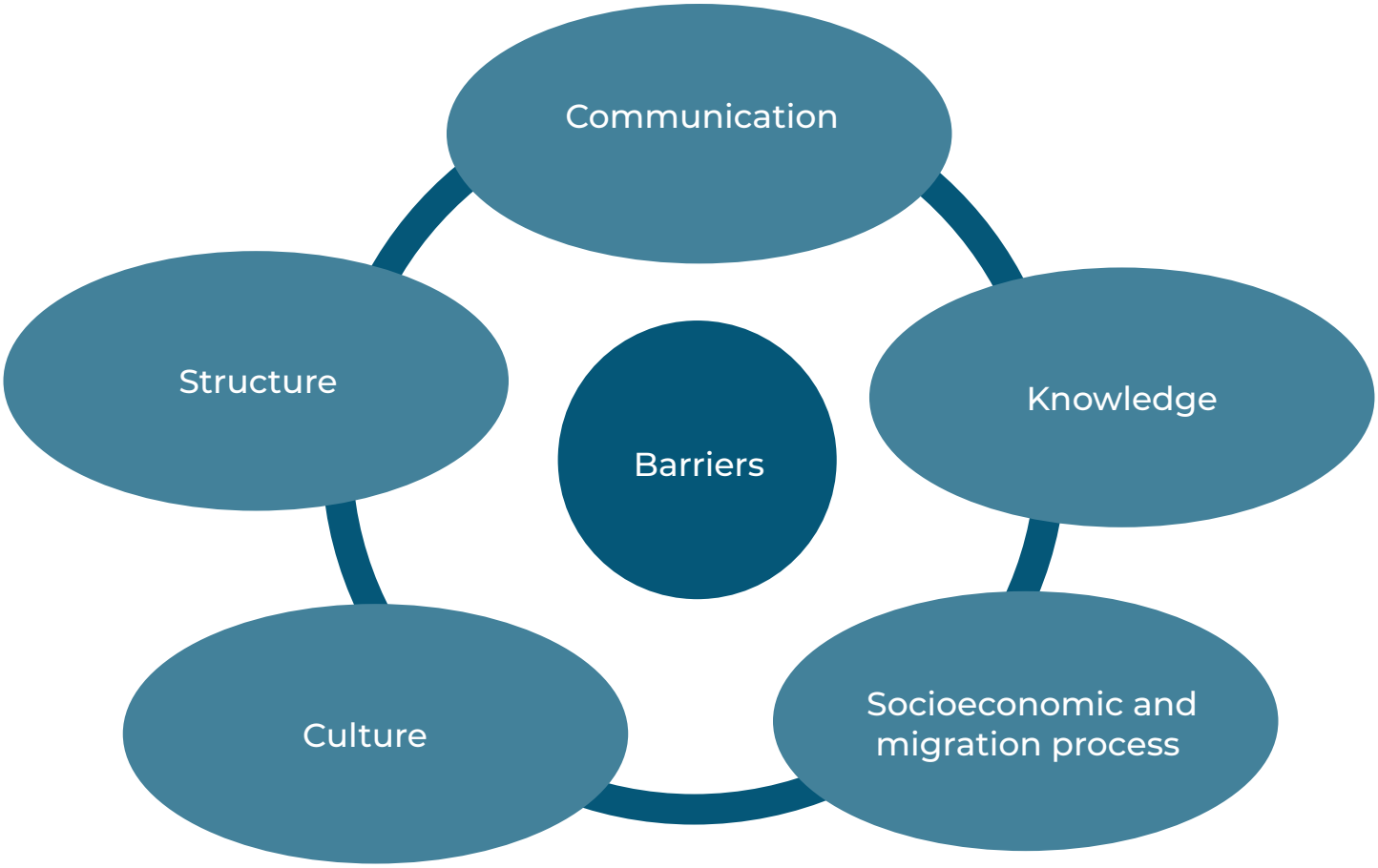


Photo: Axel Drainville, CC BY-NC 2.0

MONTREAL AND REGIONS

Living in regions other than Montreal is more associated with reporting difficulty in communication as a barrier to obtaining healthcare. (n=93; 318 non-applicable).

accompanied by a period of socio-economic precarity. Many of the men interviewed described having been overwhelmed by the multiple challenges of arriving in a new country. Most of their time was devoted to labour market integration, and health took a backseat:

> *"I think one of the main problem actually is It is lack of time, basically. I always have the feeling I am not going to be able to advancing my work, if I have to lose time going to the doctor. You know, time to find help, or going to a clinic, or... If I go to this doctor then he is going to send me to another doctor, and they have to do this, and bla-bla-bla. It is mostly, it is the pressure of time. I need to do work. I am gone lose a lot of time doing that kind of stuff."*
> *- Esteban, 43 years old, from Bolivia, arrived in Quebec in 2012*

Other men told us that they had been unable to pay for some services that were not covered by the public system.

> *"Not everyone necessarily has access to alternative medicine, because it's pretty expensive. Whether it's osteopathy, acupuncture or whatever, it's pretty expensive to go see someone. So you need insurance from your job to be able to see someone."*
> *- Carlos, 43 years old, from Mexico, arrived in Quebec in 2008*

> *"Uh, because of the costs! Because I was told that health insurance doesn't cover that for me. So I told my wife, after my training, when I have a job, I will have complementary insurance and will be able to see a dentist for this. But for the moment, I can't do it, from lack of means."*
> *- Ali, 40 years old, from Guinea, arrived in Quebec in 2019*

While some services can wait for the economic situation to stabilize, lack of financial resources can have more serious consequences in case of emergency, as Gustavo's statement makes clear. He had to have his teeth extracted because he wasn't able to pay for repair.

> *"She also gave me the name of a dentist downtown, but it was a free dentist, it was just a kind of tooth extraction. [...] That's what I did*

> *in the end because my problem was really far gone. In the end, I did that [had the teeth pulled out], because yes, I just didn't have the money to pay a dentist to do a ... yes more complex work. [...] But that's it, in the end I was able to ... yes, to resolve the problem like that." - Gustavo, 44 years old, from Chile, arrived in Quebec in 2015*

For some respondents, migration meant a major change in socio-economic status. Some spoke of a new reality of precarity, while in their country, they had held a privileged socio-professional position. They thus might perceive recourse to certain resources in the host country as stigmatizing, as this excerpt shows:

> *"For example, I would want to seek like you mentioned about the housing services, if I know that there is a government provided help for immigrants, I would definitely want to access that service. If it is something which is like one of those social housing projects, where the government would say, okay, you go and live in this place. That I don't want to access this service, because we have seen some places where we went to help, but this would likely make it worst if I was... All of this stress and then I go into this kind of neighborhood, I would probably get stress more because not every immigrant who come from slum or a ghetto in their country. So to them, for example, if I had a car in India and I had a chauffeur in India, to come here and not have a car and a chauffeur, it is okay. I can understand and live with it. But then to go and live in a ghetto? I would be like why did I come here? It is supposed to be better life, it is not the worst life." - Garry, 49 years old, from India, arrived in Quebec in 2018*

5.3.3 Knowledge-related Barriers: when lack of information impedes access to and use of services

To use a resource, you must first know that it exists and know how to access it. However, many of the men we met in the course of this study cited lack of knowledge of resources as a major barrier to accessing help or care, particularly mental healthcare. Most of the men interviewed had, at some point, been unaware of the existence of certain resources, which necessarily prevented them from using them:

> *"Sometimes I really feel a bit depressed really, and I don't really know where to turn, really. I don't know, for example, should I go see a doctor at a drop-in clinic, and say, 'Okay, I feel a little depressed, where should I go?' I honestly don't know where?" - Roberto, 36 years old, from Brazil, arrived in Quebec in 2011*

Lack of knowledge seems to be exacerbated when the frame of reference is different from that of the country of origin. The discrepancy between heterogeneous healthcare systems, which can delay acquaintance with the existence of a service (or, more broadly, understanding what a service even consists of) is explained by Ali:

> *"Because we, where I'm from, we don't have that. [...] Yeah, psychological services, I don't know exactly what it is. [...] Like where I'm from, we, it's only physical health that counts. Psychological and mental health, generally they're things that we don't really know in the family. I think it's easy to get information on health services, but psychological services, I've hardly run across any notices about it." - Ali, 40 years old, from Guinea, arrived in Quebec in 2019*

Knowledge is particularly lacking in the first

years of establishment. It is acquired over time, through the experience of using the services, as Charles describes:

> *"But for sure when you aren't used to things here, it takes time to understand especially, if you don't often use the health system, it's only when you have a problem that you discover how to do it. And often when you have a problem, that's not when you want to start discovering the system."*
> *- Charles, 33 years old, from Belgium, arrived in Quebec in 2016*

Understanding and adapting to a new healthcare system, more or less distinct from that of the country of origin, isn't the same as knowledge or lack of knowledge about a particular institution or resource. To be able to "navigate" it, one must understand the system as a whole, according to its internal logic. Immigrant men have to re-learn the system. Obviously, the more the system differs from that of the country of origin, the more significant the loss of bearings.

> *"I think that here, when people understand the model, things change. Because in our head, when we arrive, this model, starting another model, the change, it's hard. And when I understood the system here, I said, 'Okay, if it's an emergency, I can go here. If it's a minor problem, I can call the family doctor. And I can go to the pharmacy to ask for this kind of medication.' Yes, when I know the system, it's easier. But it takes time […]"*
> *- Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

Most of the immigrant men we interviewed stated that they had not been informed about the healthcare system when they arrived in Quebec. According to their testimonies, the lack of centralized information and lack of an institutional or community body responsible for passing on information and guiding newcomers meant that they felt left to themselves and that learning the new system (the way it works, the resources available, etc.) is an individual responsibility. The following excerpt eloquently addresses this shortcoming:

> *"Yes, I think that we lack a lot of information, to become familiar with the system, to know all the information. But for me it's the government's responsibility to give us the information. When I got here at the airport, I don't know, the immigration official says, 'Okay that's the information, you can come in here if there's a health problem.' I don't know. But I think the problem is access to information."*
> *- Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

The lack of knowledge about resources for men more specifically was also brought up:

> *"So in fact, it's going to be mainly this kind of service, I think, actually, where there may be like misunderstanding or that is there isn't a lot of publicity like to put services provided to men, specifically to men."*
> *- Roberto, 36 years old, from Brazil, arrived in Quebec in 2011*

5.3.4 Cultural Barriers: when ways of thinking and acting influence how we relate to services

The interviews helped us understand that other factors, beyond difficulties of access, kept some men from seeking help for needs they nevertheless had. While the option of not using a service is a matter of free choice, it may also be the result of behavioural norms or perceptions related to being part of a social group. The way of defining oneself both as a man and as an immigrant, with all that involves in terms of socialization and identity, affects one's

Photo: fizkes / Shutterstock

perception of services and requests for help. The term "cultural barrier" thus refers here to culture in the broad sense of thinking and acting that differentiates individuals and groups.

When we asked in the semi-structured interviews what factors might prevent men from accessing healthcare services, more than one participant spoke about male socialization, which strongly influences how men relate to services:

> *"For sure guys are less likely to go looking for help. We want to deal with things ourselves. We know less, we don't know the resources. So me, in fact, that's it, my experience is that … 1. Go get help, y'know someone really had to kick me in the butt to get me to do it. And it never even entered my head to go look for resources, actually. In fact, I didn't even know it existed." - Philippe, 33 years old, from France, arrived in Quebec in 2011*

Roberto discusses the importance of taking into account the specific relationships men have with services (including difficulty asking for help), rather than treating them as members of an undifferentiated public:

> *"Because for a man, to go to a doctor, especially from Latin American, African, Asian countries, I wouldn't say Continental Europe so much but maybe Eastern Europe, men are much more reluctant to go get help from doctors, that's what I'm trying to say. If there's already a part they've already done, the healthcare system really has to support them too. Not just put it aside in a bubble together with everyone else." - Roberto, 36 years old, from Brazil, arrived in Quebec in 2011*

While the relationship of men to services was discussed, some of the men also raised the relationship of services to men. Several respondents said that they did not feel that they, as men, were a priority for the healthcare system, unlike other groups considered to be vulnerable; such as women, children and the

elderly. Roberto said that he does not feel that he is taken seriously by medical staff because he is a man and relatively young (36 years old):

> *"You're always the last to be kind of taken care of because … It's like you'll see: Ah! It's the woman who's there, it's the old woman, it's the old man. It's the child. It's the pregnant woman. So they're visible, it's like visibly it's like they have … Really they have the right to have more … […] Like doctor, he sees you … Visibly he doesn't see you as something very important to him. That's it, because maybe he is used to seeing so many serious cases, so many complicated situations, that when he sees a young, healthy, person who is there, it's normally … When I go to a clinic, it is normally older people or … You don't really see people the same age as me or men … You see lots of women, because it takes care of women a lot more. They get a lot more attention. […] But when one is a young man, relatively healthy, no one is interested in you, that's it."*
> *- Roberto, 36 years old, from Brazil, arrived in Quebec in 2011*

Eric, a worker in the health and social service system, also believes that the system tends not to prioritize men and not to see that some are vulnerable, in what he calls a "reproduction of macho thinking" within the healthcare system:

> *"Because they say all the time there's a healthcare system for children, all the vaccines, for a woman who's going to give birth, etc. Pregnancy, check-ups, and all that.[…] So, there are things that we can offer to men, I don't know, activities for men, breaking the isolation, because there are men who are alone, and talking about their experiences. Men who've had difficulty starting a family, because of lots of problems in their past, etc. So what's the support to start their lives over, to turn the page. So obviously in society as a whole, unfortunately children and women are the most vulnerable, in the context. So, but there are also men who are still vulnerable. So it's like a reproduction of macho thinking in the system, in the thinking and in the way of … Sometimes it's not conscious."*
> *- Eric, 41 years old, from Colombia, arrived in Quebec in 2012*

Concepts of health, sickness and healing practices that may be very different in the country of origin can also constitute a barrier to obtaining healthcare, as Esteban emphasizes:

> *"And for a lot of immigrants, there is this social stigma about mental health anyway! […] So it is difficult to access direct resources for that".*
> *- Esteban, 43 years old, from Bolivia, arrived in Quebec in 2012*

Eric explains that in Colombia, machismo is a significant barrier to men's acknowledging mental health issues. The stigma attached to psychological problems has consequences for an individual's relationship to services even if they have left their original culture behind.

> *"The healthcare system, it's just for when you are sick, when it's really something let's say corporal, material, because the mental health aspect is completely neglected where I'm from, in our culture, and expressing it in any case, it becomes like you're … as a man, let's say name the things you feel … you don't feel well … You're the guy in the house; you can't feel like that. So, it's the macho culture that's inside [us], it's a machine that runs and we're not aware. If we work on it, yes, of course. But no one doesn't like his ways of doing things. Yes, the mental health aspect, I think it's very, very neglected there, and it's very prohibited for men, men don't need that, we don't talk about that."*
> *- Eric, 41 years old, from Colombia, arrived in Quebec in 2012*

Perceptions (founded or not) closely connected to immigrants' sense of belonging and being part of the community may also create some hesitation in asking for services. In Roberto's case, the image projected by the media made him question his legitimacy in using healthcare services. Internalizing this pejorative stereotype affected his use of healthcare services.

> *"Yes, I think that especially when you arrive here, you kind of have the impression that the healthcare system is something that belongs to people from here. It's really something that is … when you arrive really it happens … you say, 'Okay that, that doesn't belong to me, I am completely new, I don't have the right to that.' and there is also a bit of … I remember the comments I saw in a newspaper or on television, people from here said, 'Immigrants are coming to clog up our healthcare system again.' And that's something that kind of sticks in your mind, that you put a little to one side, because you think, 'Yes, it's true, I don't really have the right to go there. Y'know I can't go there.'" - Roberto, 36 years old, from Brazil, arrived in Quebec in 2011*

Finally, the refusal to use certain services may be tied to social class identity, inherited from the position that the individual held in his country of origin. Thus, despite the difficult time he had during his first year in Quebec (lack of job and exhausted savings), so difficult that he considered returning to Algeria with his family, Mehdi, a doctor in his country of origin, categorically refused to apply for social assistance:

> *"Yes, but social assistance when you have no degree, etc. It's easy to say to yourself, well I need social assistance. But when you have a degree, it's not easy to go to a social assistance place and line up with everyone else and wait and say, 'Here you go, I am giving you something.' For me, it's a sine qua non. I will never ask for monetary social assistance! And I hope that my daughters never will." - Mehdi, 61 years old, from Algeria, arrived in Quebec in 2009*

5.3.5 Structural Barriers: when the intrinsic features of the healthcare system put spokes in the wheels

While understanding and getting used to the new system, sometimes very different from the system in the country of origin, may create a barrier to using services and seeking help, inherent features of the system itself may also constitute barriers. Immigrant men we met for this study highlighted several of these systemic barriers.

Complexity of the System

Several men spoke about how complex Quebec's health and social service system is in their view. Immigrant men not only have to learn to navigate a new model, they see this new healthcare system as a lot more complex, even bureaucratic, than the one in their country of origin. The source of frustration they cited most often was the necessity (and difficulty) of having to go through a generalist to see a specialist, which seems not to have been the case in the countries they left.

> *"It is more direct in my country, right. […] You know, [here] if you need something like a specialist, of course, you need to get referral first. This is the thing, you need to get a referral first before going to the specialist. Getting a reference it is a long process it makes it difficult." - Frank, 41 years old, from the Philippines, arrived in Quebec in 2020*

> *"It is very bureaucratic and it takes time, and you think that maybe something urgent [...] , then you have the impression that it is taking too much time until they are going to refer you to a specialist. All the problems I had there was to find a dermatologist [...]." - Esteban, 43 years old, from Bolivia, arrived in Quebec in 2012*

Access to a Family Doctor

As discussed in the literature, immigrants, particularly those who arrived recently, have much less access to a family doctor than the rest of the population. It is thus hardly surprising that many men identified this problem when we asked them about barriers to healthcare. Moreover, given that access to a family doctor is necessary to access a specialist, we can easily understand why the men interviewed emphasized the difficulty of accessing the latter. The following excerpts show the consequences of the lack of a family doctor for access to healthcare (lack of follow-up, waiting in the emergency room).

> *"Finally, when you don't have a family doctor, you are entitled to ... How would we put it? to leftover crumbs. [...] And finally, if at some point, things were not going well, I would have been in emergency [...] I maybe would have finished up in emergency for 12 hours for something that was absolutely not in the realm of an emergency." - Charles, 33 years old, from Belgium, arrived in Quebec in 2016*

> *"It's only logical. You need a check-up... But that, you see, each time people repeated the same mistake because they had no check-up [...] When I got my skin problem, well in the end it took ten years to get diagnosed, that's the problem! So, it's the lack of follow-up for health, that's not good. It's taken care of with a family doctor, but before it's like what the fuck, it's not good."*

Photo: Peggy und Marco Lachmann-Anke, Pixabay

- Philippe, 33 years old, from France, arrived in Quebec in 2011

Difficulty Accessing Healthcare and Services for Non-Urgent Situations

Some of the men interviewed stressed the low priority placed on prevention as well as the difficulty of getting care when their problem was not considered serious or an emergency.

"So in India, despite the huge population and the lack of doctors. If I have a pain in my leg, I know I can go to a doctor and he will see it. Here you are suddenly classified as not an emergency, and if you have pain, you deal with it. You just do what you want to do and you just have to wait. That I think it is a huge challenge, and I don't know what the right answer to that is." - Garry, 49 years old, from India, arrived in Quebec in 2018

Expeditious Nature of Care (dispatch; lacks humanity)

Several men emphasized how rapidly healthcare was dispensed and how this was perceived as lacking in humanity.

"For example, here, I feel that well, in Mexico, there is still more personalized and more human care. Here, I think that it's really … you have to go really fast, to be able to make the figures or number of patients, you have to go so fast, that it's like you come in with the doctor, ok, we do research to see what happened? But it's not… there's nothing at all, neither personalized nor human." - Carlos, 43 years old, from Mexico, arrived in Quebec in 2008

Complexity of Access to Mental Healthcare

In the interviews, access to services for psychological health was depicted as particularly difficult. In fact, many barriers such as delays, cost and simply lack of services intersected, often making care inaccessible despite the men's need.

"I had sought psychological services in Quebec. […] I sent ten or 15 emails and all of them answered, 'Ah no! Not for five months! Not for four months!' or $300 per hour or not for six months. So I have this feeling that … in fact, if I need to see a psychologist, there aren't any." - Charles, 33 years old, from Belgium, arrived in Quebec in 2016

In Miguel's case, access to therapy suddenly evaporated when he was accepted as a refugee, depriving him of services he had previously accessed as an asylum seeker. His economic precarity prevented him from getting private sector help.

"But mental health speaking, after my status change from demandeur d'asile to refugié reconnu, mental health follow-up none. […] [Now] I am by myself. I only… The only help I have it is my medication. […] If I had the money I would pay a therapy, for sure." - Miguel, 36 years old, from Cuba, arrived in Quebec in 2018

Health and Social Service Professionals' Lack of Knowledge about Immigrant Realities (and LGBTQ Immigrants)

Some men told us that they didn't feel that their specific issues (background, lack of knowledge, migration challenges, cultural differences) were taken into account by health and social service providers.

"It's certainly true that medical staff simply think that we are like the person before and the person after. That is, that we know the system, if you like. […] So that's to say, the person can't really know that I'm an immigrant from

> *my RAMQ card or whatever, so she simply tells herself, 'This person is like all the others and so he knows the mysteries of the system.'" - Charles, 33 years old, from Belgium, arrived in Quebec in 2016*

> *"My perception is that some people don't know the reality of immigration, don't know the problems of an immigrant. The problems, when I say problems, it's not just money, it's leaving a country, going to another country, and the cold, the language and all the problems in your head … People don't understand that." - Ruben, 45 years old, from Colombia, arrived in Quebec in 2014*

Mark confirmed that he felt better understood by professionals who were immigrants themselves; his testimony illustrates some of the healthcare system's deficiencies in adapting interventions to people from other countries:

> *"Yeah! I mean… is this issue I mentioned at the last… It is a different system, it doesn't work like in your country, so… Maybe that requires more patience for working on the system. […] That's one thing, when you find an immigrant working in the system, you feel that you can… They understand you better sometime your situation. There is a patient being immigrant because they were also immigrants, so it is… You have that feeling that they can understand…" - Mark, 41 years old, from the Philippines, arrived in Quebec in 2021*

Sexual identity emerged as another dimension that is sometimes poorly understood or subject to a lack of sensitivity by health and social service providers. Two of the three men interviewed who belonged to a sexual minority [6] placed considerable emphasis on the need for the health and social service system and its professionals to know, take into account, and be comfortable with the specific needs and realities of this sub-group of men. Miguel's testimony describing the importance of not feeling judged is very illuminating:

> *"And also, like she wasn't feeling comfortable with my story. Because I was talking openly about my sexual life, and I felt that she wasn't feeling comfortable. […] Cultural misunderstanding might be from my opinion is that some people that… Some heterosexual professional, they find really hard to understand the psychological and behavior of a person who is not heterosexual. And especially when you speak so openly about your sexual life, in theory a safe place, when I am talking with a professional person, that is not going to judge me, he is going to listen to me, and it is going to be with me, not making an opinion about… not necessarily you need to talk, but the way your face react, tells a lot. Especially when myself, in the vulnerable situation that I was." - Miguel, 38 years old, from Cuba, arrived in Quebec in 2018*

6 The notion of sexual minority refers to sexual and gender diversity: it includes lesbian, gay, bisexual, transexual, and transgender (LGBT) identities and other non-conforming identities such as bi-spirit, queer and intersexed (Chamberland, Blye and Ristock, 2009).

SUMMARY

- Nearly three-quarters of respondents said they had difficulties getting the healthcare they needed while one in five men reported having faced barriers to get social services.
- Among the most significant barriers cited by the men to access healthcare or get social services were structural barriers ("difficulties getting an appointment" and "waiting too long for an appointment") and lack of knowledge ("did not know where to go," "did not know what to do").
- "Worried about being discriminated against/had bad experience where I was discriminated against" as well as gaps in knowledge ("did not know where to go," "did not know what to do") represented more significant barriers to obtaining social services than healthcare.
- Barriers related to communication, culture, structure, knowledge of the health system, socioeconomic position, and the migration process were also raised in the qualitative phase of the study.
- The various barriers are likely to overlap. The combination of barriers specific to men and those specific to immigrants, acting together with systemic barriers, define the specific relationship of immigrant men to Quebec's health and social services.
- Barriers to accessing support services for psychological well-being are a perfect expression of how different types of barriers can intersect. Thus, nearly all the men interviewed who said that they needed support for their psychological health described the often-insurmountable barriers that prevented them from getting care. Lack of knowledge of resources and of how the system works, the overloaded public system, and costs were cited as barriers. Recourse to private sector services was generally not an option; especially in the first years, when a lot of immigrant men experience a socio-economic decline.

5.4 FACTORS FACILITATING ACCESS TO OR USE OF HEALTH AND SOCIAL SERVICES

While the previous section showed us the extent of barriers immigrant men face in seeking healthcare and social services, other factors, conversely, are likely to improve their access to services and encourage them to use them. Identifying priorities for men seeking healthcare and services (just like barriers) helps us to understand their trajectories of use or non-use of services and allows us to integrate these findings into an analysis of actions to improve the accessibility of the health and social service system.

Figure 16 shows that rapid access to a service was the most fundamental factor for the men surveyed (72%). The feeling that the professional would really be able to help solve the problem came second (57%) while proximity to home ranked third (54%) among the most important factors in seeking a service. The possibility of receiving the service in English or one's mother tongue was selected as one of the three most important factors by less than one in ten men. However, it is important to remember here that proficiency in French or English was a prerequisite for participating in the study. Language would probably have been accorded a very different importance if the survey had been available in other languages and thus completed by men who didn't speak either French or English.

MONTREAL AND REGIONS

Living in the metropolitan region of Montreal was more associated with considering "possibility of receiving services in English" (n=421) and "opening hours in line with my schedule" (n=421) as one of the three most important elements in seeking help for physical health or psychological well-being.

Photo: Axel Drainville, CC BY-NC 2.0

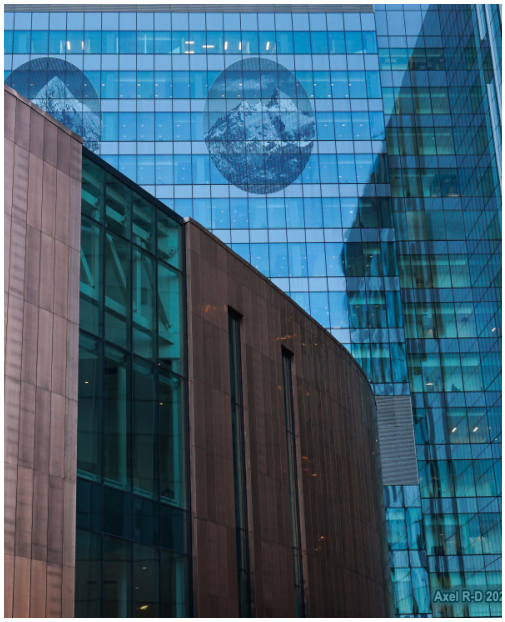


Photo: Axel Drainville, CC BY-NC 2.0

FRENCH / ENGLISH

Filling out the survey in English is more associated with considering "possibility of receiving the service in English" as one of the three most important elements in seeking help for physical health or psychological well-being (n=421).

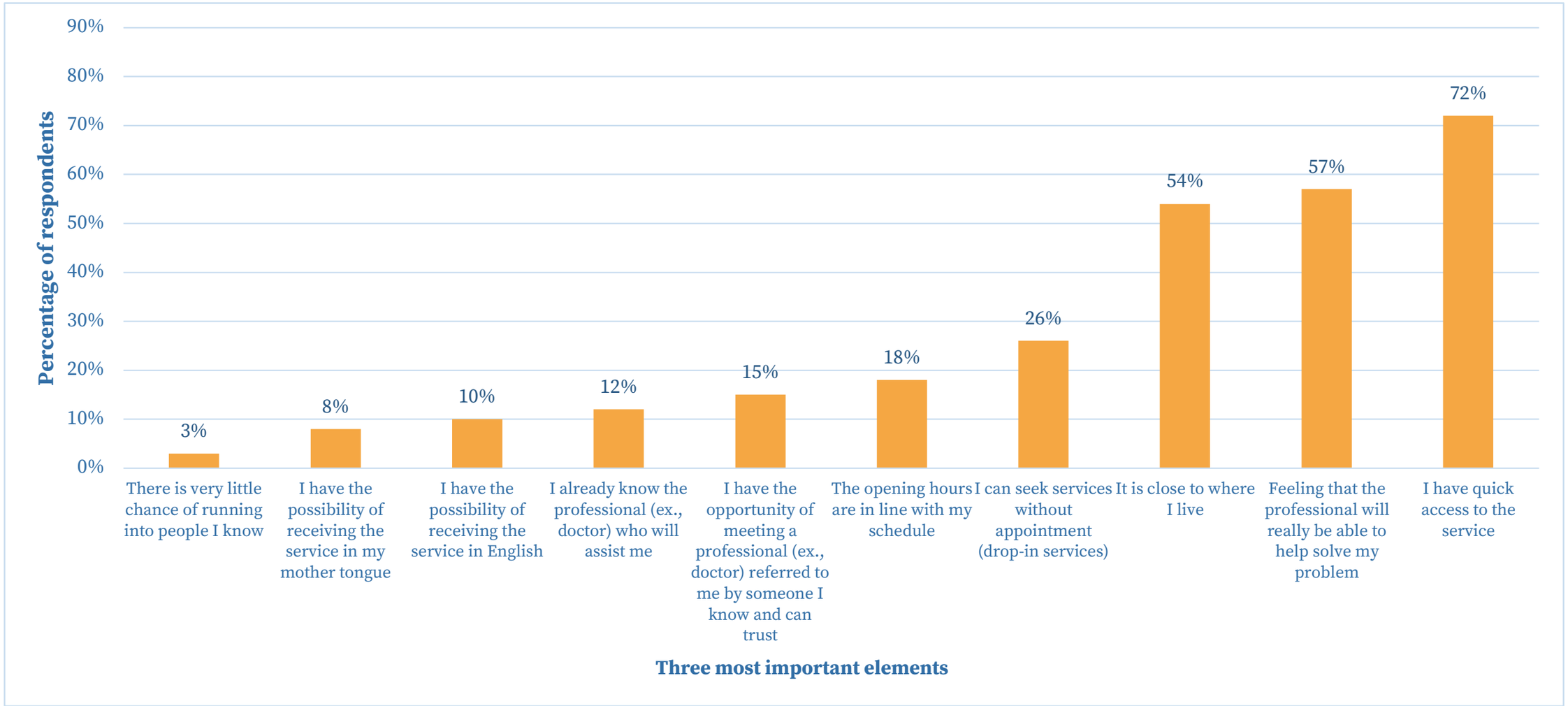
MONTREAL AND REGIONS

Living in the metropolitan region of Montreal is more associated with considering radio as the best way of being informed about services (n=411).

Photo: Axel Drainville, CC BY-NC 2.0

Photo: StockSnap / Pixabay

Figure 16 : Among the reasons listed, which three are the most important to you when seeking services related to your physical health or psychological well-being? (n=421)



Analysis of the qualitative interviews brings to light other factors facilitating access to or use of services. The human dimension of care or of the service often came up in the interviews. The men interviewed said that, beyond competence and free service, they sought care providers who took the time to listen, explain and establish a person-to-person relationship. Miguel explains :

> *"It can be a cheap service but if the human part is not there, it would not work. For me the human factor it is very important when I am getting a service from health care or another part. I am talking... Despite... there should be a professional posture, I am talking with a human. Also depends of where, or what kind of service I am getting. That's very important. Community services, the human factor is very important. Health care system, human factor, it is extremely important in my opinion."*
>
> *- Miguel, 38 years old, from Cuba, arrived in Quebec in 2018*

Finally, given that lack of knowledge of services was a substantial barrier to accessing healthcare and social services, we asked the men to tell us the most effective ways of informing them about these services. As Figure 17 shows, social media (61%), websites (58%) and mail-outs (41%) were the most popular ways of spreading information. This is hardly a surprising result, since the respondents completed the survey on line.

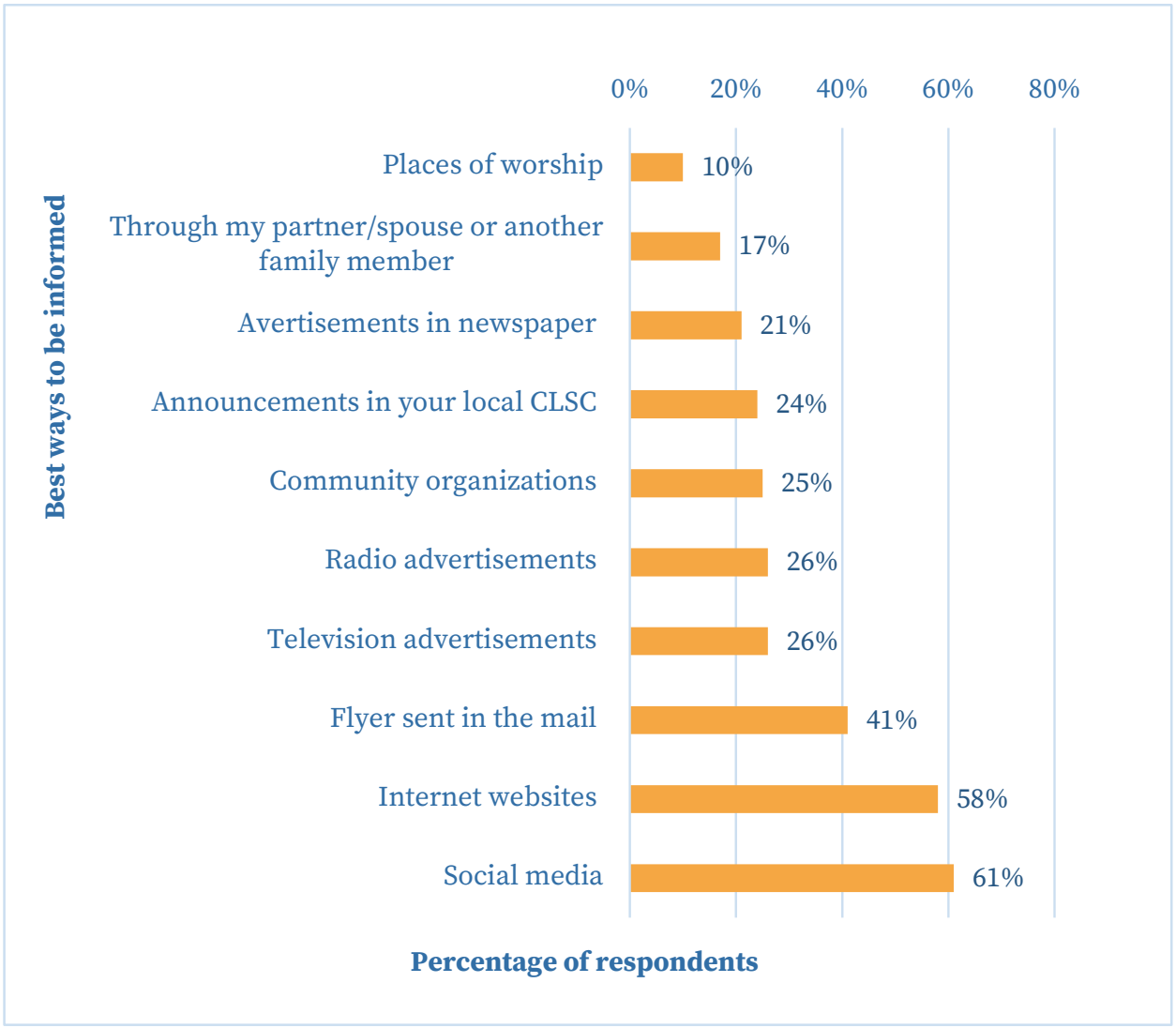
Photo: Andrzej Rembowski Pixabay

FRENCH / ENGLISH

Filling out the survey in French is more associated with considering "TV ads" and "radio ads" as the best way of being informed about services (n=421).

Filling out the survey in English is more associated with considering "flyer in the mail" as the best way of being informed about services (n=421).

Figure 17 : What would be the best way to inform you of services that are offered in Quebec? (n=421)



Note: Participants could select more than one response.

SUMMARY

- The three most important factors for the men surveyed when they sought help for their physical health or psychological well-being were, in decreasing order: quick access to the service, the feeling that the professional would really be able to help solve the problem, and the proximity of the service. The semi-structured interviews showed that the human dimension of care was also given a lot of weight.
- The men thought that social media, internet and mail-outs were the best sources of information.

Photo: Moos Grün, Pixabay

6. CONCLUSIONS AND RECOMMENDATIONS

This study shows that the men who participated in the survey have been more affected by psychological problems than by physical health problems since arriving in Quebec. Interviews with the men showed that the challenges, uncertainties and stress accompanying the immigration process lay at the root of part of the concerns affecting their psychological well-being. The prevalence of psychological problems over physical problems also held for the month prior to participation in the study. The COVID-19 pandemic moreover contributed to a greater deterioration in their psychological well-being than in their physical health.

Despite these results, suggesting greater psychological than physical distress, over all time periods, the men made far less use of services for psychological well-being. It is also clear that the COVID-19 pandemic had little influence on their use of resources, whether for physical health or psychological well-being.

Paradoxically, while the men rarely used services for psychological health, psychological concerns appear to be the second main reason that would lead them to seek help from resources, right after physical health problems that concern them. Work-related problems take third place. Medical clinics and hospitals were used more by the men, while they relied less on CLSCs (whose services were little known) and community organizations. The latter two nevertheless best met the men's needs, although the level of satisfaction for all types of resources was generally good. The semi-structured interviews provided a more nuanced insight into their appreciation for the services at the different institutions. The long wait time in hospitals and clinics was a source of annoyance, as was the complexity and lack of uniformity in modes of access and the expeditious nature of the care provided by medical clinics. The help given by community organizations was particularly appreciated and the men believed that this help played a crucial role in the process of adapting to a new society. Finally, the men interviewed expressed a mar-

ked disappointment with the *Centres locaux d'emploi* (local employment centres, CLE); in their view, the CLEs had difficulty meeting their specific needs.

The individuals we interviewed named numerous barriers to accessing healthcare and social support. The survey and the interviews showed that structural barriers (difficulties and delays in getting an appointment; difficulty in getting a family doctor) and barriers related to respondents' lack of knowledge of resources (or of how they function) were the most significant impediments to respondents' access to services. Experience of (or fear of experiencing) discrimination and lack of knowledge stood out most when it came to accessing social services.

The semi-structured interviews provided more detailed understanding of some of the barriers encountered while attempting to get health and social services. Some were related to language proficiency (communication barriers) and lack of knowledge about how the healthcare system works and the services available. Others were migration-related, such as labour market integration which leaves little time and mental space to deal with health problems. Cultural barriers included the stigma imputed to some kinds of care and services as well as barriers related to male socialization and services for men. The men also described structural barriers (adapting to a new and particularly complex system, difficulty accessing a family doctor or specialist, difficulties accessing care categorized as non-urgent, perception of lack of humanity in care provision). Some of these structural barriers were related to weak adaptation of the healthcare system to male realities, on the one hand, and immigrant realities, on the other.

Finally, respondents highlighted the impact of all of these barriers together on the lives of immigrant men, particularly in relation to access to services for psychological well-being, where cultural, structural, knowledge-related and migration-related barriers intersect. When the men interviewed had attempted to access psychological support, they faced impediments limiting access to care. This finding is problematic given the significant needs relating to psychological well-being described by the men.

Photo : PitukTV / Shutterstock

RECOMMENDATIONS

Based on the findings of this study, we make the following recommendations:

Develop and implement different intersectoral tools to provide better support to immigrant men learning about and navigating Quebec's health and social service system. These should be accessible in different languages, aim to reach men in the places they frequent, and be offered in collaboration with community partners..

Implement **training and knowledge-transfer strategies** to sensitize social workers and service providers to immigrant realities (pre- and post-migration), to male realities, and to issues specific to immigrant men (the burden and full cost of migration, employment, family transformation, etc.) to better equip these workers to respond to the needs of this population..

Implement specific measures to **support the mental health and psychological well-being** of immigrant men: (1) encourage collaboration between resources for men and resources for immigrants in the implementation of initiatives to demystify seeking help for mental health and to make existing resources better known; and (2) sensitize front-line workers to the reality of immigrant men..

RECOMMENDATIONS (SUITE)

Improve immigrant men's access to services, notably by: (1) facilitating the use of interpreters; (2) encouraging uniformity in ways of accessing medical; (3) facilitating registration with a family doctor immediately following arrival in Quebec; and (4) developing more services and programmes specifically for men

Continue research to support the adaptation of practices to the realities of immigrant men and fathers (notably for immigrant men's psychological well-being and use of psychological services; for immigrant men who speak little or no French or English; for immigrant men without access to public healthcare (RAMQ); and for racialized and LGBTQ immigrant men)..

Take action for real and concrete change, given that the barriers named by immigrant men in this study are substantially the same as those which emerged from a previous study on the subject, 15 years ago (Le Gall and Cassan, 2010).

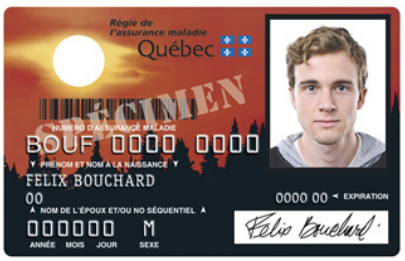
7. APPENDICES

7.1 SURVEY

A Portrait of Health and Social Services Use: Immigrant Men's Perspectives

Study Admissibility

The questions in this section will allow us to determine if you are eligible to participate in the study.

1. You identify yourself as ...?	1 = A man 2 = A woman->OUT[1] 3 = Other->OUT
2. How old are you?	1 = Less than 18 years old ->OUT 2 = Between 18-24 years 3 = Between 25-34 years old 4 = Between 35-44 years old 5 = Between 45-54 years old 6 = Between 55-64 years old 7 = 65 year old or older
3. Do you have a health insurance card (RAMQ card/carte soleil) ?	1 = Yes 2 = No ->OUT
 	

1 Upon being excluded, the following message is automatically generated: "Thank you for your interest in participating in our study. Unfortunately, you do not meet the study's eligibility criteria for its target population, i.e. men aged 18 years or older, who immigrated to Quebec within the past 10 years, reside in the Greater Montreal area, and are covered by public health insurance (RAMQ). Thank you again for your time!"

4. Do you currently live in the province of Québec ?	1 = Yes 2 = No->OUT
5. How long have you lived in Quebec?	1 = Less than 6 months 2- Between 6 months and 1 year 3= Between 1 and 2 year 4 = Between 2 and 5 years 5 = Between 5 and 10 years 6 = Between 10 and 15 years 7=More than 10 years ->OUT

Health Status

The questions in this section relate to your health status and emotional wellbeing. Your responses are strictly confidential.

6. In general, over the past month, you would describe your physical health as...?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Bad
7. What is the impact of the COVID-19 pandemic and confinement measures on your physical health?	1 = My physical health has remained the same 2 = My physical health has improved 3 = My physical health has worsened

8. In general, over the past month, you would describe your psychological wellbeing[1] as...?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Bad
9. What is the impact of the COVID-19 pandemic and confinement measures on your psychological wellbeing?	1 = My psychological wellbeing has remained the same 2 = My psychological wellbeing has improved 3 = My psychological wellbeing has worsened
10. Since your arrival in Quebec, have you experienced any serious physical health problems (examples: diabetes, cancer, back problems, etc.)?	1 = Yes 2 = No
11. Were these physical health problems related to COVID-19 or the confinement measures?	1 = Yes 2 = No 3 = Some issues were directly related to COVID-19 or confinement measures, while others were not 4 = Does not apply - I have not had a significant physical health problem since arriving
12. Since you arrived in Quebec, have you experienced important issues that have affected your psychological wellbeing?	1 = Yes 2 = No

1 Note: Indicators of emotional wellbeing can comprise the presence or absence of the following symptoms: prolonged fatigue, feeling heavy or lethargic, headaches, difficulties concentrating, difficulties sleeping, loss of energy or interest, feelings of emptiness, sadness or agitation, accumulated stress, irritability, sudden outbursts of anger, feelings of worthlessness or hopelessness, tendency to isolate one's self, suicidal ideation, etc.

13. Were these issues directly related to COVID-19 or the confinement measures?	1 = Yes 2 = No 3 = Some issues were directly related to COVID-19 or confinement measures, while others were not 4 = Does not apply - I have not had important issues since arriving
14. To what extent can you count on the people around you?	1 = Always 2 = Often 3 =Sometimes 4 = Rarely 5 = Never 6 = I don't have anyone around me who I can count on

Use of services offered in Québec

The questions in this section relate to the health services and resources, covered or not by your insurance, that you have used since you arrived in Québec to help you with personal, social, and health needs or difficulties.

15. When was the last time you used medical services for your physical health since you arrived in Québec?	1 = Last month 2 = Last year 3 = More than a year ago 4 = More than 5 years ago 5 = Since I arrived in Québec, I have never used medical services
16. Was it directly related to COVID-19 or the confinement measures?	1 = Yes 2 = No 3 = Does not apply. I have never used health services since my arrival in Québec

17. Due to COVID-19 and confinement measures, has your use of services for your physical health…?	1= Increased 2 = Decreased 3 = Remained the same
18. When was the last time you used services for your psychological wellbeing since you arrived in Québec?	1 = Last month 2 = Last year 3 = More than a year ago 4 = More than 5 years ago 5 = Since I arrived in Québec, I have never used services in connection with my emotional wellbeing
19. Was it directly related to COVID-19 or the confinement measures??	1 = Yes 2 = No 3 = Does not apply. I have never used services for my psychological wellbeing since my arrival in Québec
20. Due to COVID-19 or confinement measures, has your use of services for your psychological wellbeing…?	1= Increased 2 = Decreased 3 = Remained the same
21. Since you arrived, have you been to the hospital in Québec for yourself?	1 = Yes 2 = No ->Q24
22. What was the reason(s) for seeking services at the hospital? Check all that apply.	1 = Minor health problem 2 = Emergency 3 = Surgery 4 = Blood test/vaccine 5 = Medical follow-up 6 = To see a specialist (dermatologist, nutritionist, oncologist, etc.) 7 = Related to COVID-19 (testing, symptom management, hospitalisation) 90 = Other. Specify : _____

23. Overall, to what extent did services offered at the hospital meet your needs?	1 = My needs were fully met by the services offered 2 = My needs were partially met by the services offered 3 = My needs were not met at all by the services offered
24. DSince you arrived, have you been to a medical clinic (walk-in or by appointment) to be seen by a doctor in Québec?	1 = Yes 2 = No -> Q27
25. What was the reason(s) for seeking the services of a doctor in a medical clinic with or without appointment? Check all that apply.	1 = Minor health problem 2 = Emergency 3 = Surgery 4 = Blood test/vaccine 5 = Medical follow-up 6 = To see a specialist (dermatologist, nutritionist, oncologist, etc.) 7 = Related to COVID-19 (testing, symptom management) 90 = Other. Specify : _____
26. Overall, to what extent did the services offered by a doctor at a medical clinic, with or without appointment, meet your needs?	1 = My needs were fully met by the services offered 2 = My needs were partially met by the services offered 3 = My needs were not met at all by the services offered
27. Since you arrived in Québec, have you received services in a CLSC or called the Info-Santé helpline (811) for services?	1 = Yes 2 = No->Q30
28. What was the reason(s) for seeking services at a CLSC/calling Info-Santé? Check all that apply.	1 = A medical problem 2 = A blood test/vaccine 3 = Psychosocial support 4 = Parenting support services 5 = To be referred to an appropriate resource 6 = Related to COVID-19 (testing, symptom management) 90 = Other. Specify: _____ : _____

29. Overall, to what extent did services offered by the CLSC/by info-santé meet your needs?	1 = My needs were fully met by the services offered 2 = My needs were partially met by the services offered 3 = My needs were not met at all by the services offered
30. Since you arrived, have you received any services offered by a community organization in Québec (ex.: food donation, integration support services, french courses, etc.)?	1 = Yes 2 = No ->Q33
31. What was the reason(s) for seeking services at a community organization? Check all that apply.	1 = Housing/accommodation 2 = Employment 3 = Language courses (French or English) 4 = Training 5 = Integration services 6 = Food assistance 7 = Psychological support 8 = Parenting support services 9 = Family services (eg.: respite, daycare, family outings) 10 = 10 = Related to COVID-19 (information, testing, protection materials) 90 = Other. Specify : _____
32. Overall, to what extent did services offered by the community organization meet your needs?	1 = My needs were fully met by the services offered 2 = My needs were partially met by the services offered 3 = My needs were not met at all by the services offered
33. Since you arrived, have you received any services from other health professionals (ex.: acupuncture, pharmacist, dentist, traditional/alternative medicine professionals, etc.) in Québec?	1 = Yes 2 = No -> Q36

34. What type of specialist(s) did you consult? Check all that apply.	1 = Traditional/alternative medicine professional 2 = Naturopath 3 = Pharmacist 4 = Acupuncturist 5 = Dentist 6 = Optometrist 90 = Other. Specify : _____
35. Overall, to what extent did services offered by other health professionals (ex: acupuncturist, dentist, traditional/alternative medicine professional, etc.) meet your needs??	1 = My needs were fully met by the services offered 2 = My needs were partially met by the services offered 3 = My needs were not met at all by the services offered
36. Since you arrived, have you received health services in any country other than Canada ?	1 = Yes 2 = No ->Q38
37. Specify the type of health services received in a country outside of Canada:	
38. Since you arrived, have you assisted a family member (children, partner/spouse, parent) in obtaining services in Québec related to their physical health??	1 = Yes 2 = No ->Q41
39. Was it for reasons directly related to COVID-19 or confinement measures?	1 = Yes 2 = No 3 = Sometimes for reasons related to COVID-19 or confinement measures, sometimes for other reasons

40. Check all of the locations to which you accompanied a family member in accessing services for their physical health. Check all that apply.	1 = Hospital 2 = Medical clinic (walk-in or by appointment) 3 = CLSC 4 = Other health professional 5 = Traditional/alternative medicine professional 6 = Community organization 90 = Other. Specify : _____
41. Since you arrived, have you assisted a family member (children, partner/spouse, parent) in obtaining services in Québec related to their psychological wellbeing?	1 = Yes 2 = No ->Q44
42. Was it for reasons directly related to COVID-19 or confinement measures?	1 = Yes 2 = No 3 = Sometimes for reasons related to COVID-19 or confinement measures, sometimes for other reasons
43. Check all of the locations to which you accompanied a family member in accessing services for their psychological wellbeing. Check all that apply.	1 = Hospital 2 = Medical clinic (walk-in or by appointment) 3 = CLSC 4 = Other health professional 5 = Traditional/alternative medicine professional 6 = Community organization

Factors hindering access or use of services

The questions in this section relate to the factors that may have prevented you from obtaining services or that made it difficult for you to obtain health or other support services.

44. Since you arrived in Québec, have you experienced any difficulties in accessing the health services you felt you needed?	1 = Yes 2 = No ->Q46
45. Check all of the reasons that prevented you from accessing the healthcare services you felt you needed. Check all that apply.	1 = I did not know where to go in order to meet my need 2 = I did not know what to do to have access to services 3 = I had difficulties getting an appointment 4 = Waiting too long for an appointment 5 = I was not available during opening hours 6 = I did not have time to seek care 7 = I could not afford to pay for the services/feared costs of services 8 = I did not trust the healthcare system 9 = I had difficulties communicating/linguistic barrier 10 = I was worried about being discriminated against/I had a bad experience where I was discriminated against 11 = Because of my values or my beliefs 90 = Other. Specify : _____
46. DSince you arrived in Québec, have you experienced any difficulties in accessing the social services that you felt you needed?	1 = Yes 2 = No ->Q48

47. Check all of the reasons that prevented you from accessing the required support services. Check all that apply.	1 = I did not know where to go in order to meet my need 2 = I did not know what to do to have access to services 3 = I had difficulties getting an appointment 4 = Waiting too long for an appointment 5 = I was not available during opening hours 6 = I did not have time to seek care 7 = I could not afford to pay for the services/feared costs of services 8 = I did not trust the healthcare system 9 = I had difficulties communicating/linguistic barrier 10 = I was worried about being discriminated against/I had a bad experience where I was discriminated against 11 = Because of my values or my beliefs 90 = Other. Specify : _____

Factors facilitating access or use of services

The questions in this section will allow us to know your opinion on the ways that immigrant men access health and social services as well as their use of these services.

48. What would be the best way to inform you of services that are offered in Québec? Check all that apply.	1 = Community organizations 2 = Places of worship 3 = Announcements in your local CLSC 4 = Radio advertisements 5 = Television advertisements 6 = Newspaper advertisements 7 = Internet websites or media (newspapers, radio) in my mother tongue 8 = Social media (ex.: Facebook group) 9 = Flyer sent in the mail 10 = Through my partner/spouse or another family member 90 = Other. Specify: _____
49. Among the following reasons, check all that could lead you to ask for assistance. Check all that apply.	1 = Physical health problems that concerns me 2 = Problems with my psychological wellbeing that concerns me 3 = Difficulties with my children 4 = Issues in my relationship with my partner/spouse 5 = Difficulties adapting to life in Québec 6 = Issues related to job search/loss of employment 7 = Dependence or consumption problems (ex.: alcohol, drugs, gambling, video games) 7 = Problems relating to my sexuality 9 = Suicidal ideation 90 = Other. Specify: _____

50. Among the reasons listed below, which three are the most important to you when seeking services related to your physical health or psychological wellbeing? Check all that apply. Please select at most 3 answers.	1 = It is close to where I live 2 = There is very little chance of running into people I know 3 = I know already the professional (ex.: doctor) who will assist me 4 = I have quick access to the service 5 = I have the possibility of receiving the service in my mother tongue 6 = I have the possibility of receiving the service in English 7 = I have the opportunity of meeting a professional (ex.: doctor) referred to me by someone I know and can trust 8 = Feeling that the professional will really be able to help solve my problem 9= I can seek services without appointment (drop-in services) 10 = The opening hours are in line with my schedule

Socio-demographic information

51. What are the first three characters of your postal code?	_ _ _
52. What is your principal occupation status presently?	1 = Full time employment 2 = Part time employment (less than 30 hours per week) 3 = Retired 4 = Student 5 = Unemployed (employment insurance, social assistance) 6 = Unemployed by choice (at home) 90 = Other. Please specify: _____

53. What is your family annual income (before tax)?	1 = Less than $ 15 000 2 = $ 15 000 to $ 24 999 3 = $ 25 000 to $ 34 999 4 = $ 35 000 to $ 54 999 5 = $ 55 000 to $ 74 999 61 = $ 75 000 to $ 99 999 62 = $ 100 000 and above
54. In which country were you born?	*Drop-down list of all countries in alphabetical order 90 = Other. Specify: _____
55. What is your current immigration status?	1 = Asylum seeker ->OUT 2 = Privately sponsored refugee (PSR) 3 = Government assisted refugee (GAR) 4 = Temporary resident (ex. : visitor, temporary foreign worker, international student) ->OUT 5 = Irregular status (without papers/undocumented) ->OUT 6 = Permanent resident 7 = Canadian citizen 90 = Other. Specify: _____
56. How would you describe your level of spoken French?	1 = Advanced 2 = Intermediate 3 = Beginner 4 = I do not speak any French
57. How would you describe your level of spoken English?	1 = Advanced 2 = Intermediate 3 = Beginner 4 = I do not speak any English

58. What is the highest level of education you have completed in Québec or elsewhere?	1 =Primary school 2 = Secondary school 3 = Trades Certificate or Diploma 4 = College diploma 5 = Undergraduate degree (Bachelor's degree) 6 = Graduate degree (Master's) 7 = Graduate degree (Doctorate) 8 = None 90 = Other. Specify: _____
59. What is your marital status?	1 = Married 2 = Common-law partner 3 = Widowed 4 = Separated 5 = Divorced 6 = Single 7 = Other. Specify: _____
60. Which one of the following options best describes your sexual orientation?	1 = Heterosexual (attracted to those from the opposite sex) 2 = Homosexual (attracted to those from the same sex) 3 = Bisexual (attracted to both men and women) 4 = Other. Specify: _____
61. How many children below the age of 18 years live with you full time?	_____ (space for numerical responses of up to two digits)

7.1.1 Second questionnaire[1] (will open automatically)

To identify those who would like to enter into the qualitative interview and/or those who would like to receive the summary of study results).

1. Are you interested in participating in an interview lasting for roughly an hour and a half about your trajectory and experiences of using services in Québec?? Because of the COVID-19 pandemic, this interview will preferably be conducted remotely by phone or on a secure ZOOM session.	1 = Yes 2 = No
2. Are you interested in receiving the summary sheets of the research results as soon as they are available?	1 = Yes 2 = No
If you have replied « Yes » to any of the above questions, please include your contact information below so that we can reach you. Be assured that your contact information will not be linked to the information provided in the survey.	Email address: *Space with limited number of characters to enter email address.* Phone number: S*pace with limited number of characters to enter phone number.*

1 To uphold confidentiality and avoid any links between the participants' emails and their responses, this will be a separate questionnaire as opposed to a question included in the main questionnaire.

7.1.2 Thank you message and reminder of available resources

« You have completed the questionnaire.

If you experience any negative emotions, you can call 811 to be directed towards the appropriate resources. You can also contact the Multi-Écoute Center (514-737-3604, Monday to Friday, 9 am to 12pm and 1pm to 5pm) or the Halte Ami Center (438-796-8701, Tuesday to Friday, 9am to 5pm), who will provide you with support.

Thank you for your interest in our study about the use of health and social services by immigrant men. Your participation is extremely important to us. Have a good day! »

Version date: November 2nd, 2020

7.2 INTERVIEW GRID

Main themes	Questions	Sub-questions
Experience in the country of origin *In this section, we would like to know about the resources that you have used in your country of origin.*	In your country of origin, where would you seek services when experiencing a health problem (physical or mental)? Please explain.	
	Where would you seek services when experiencing social problems (economic, nutrition, employment, housing, etc.)? Please explain.	
	What are the main differences between services offered in your country of origin as compared to Quebec?	• Costs • Level satisfaction • Public vs. private
Service use trajectories *In this section, we would like to know about the resources that you have used since arriving in Quebec to meet various needs (individual, social, health).*	List of resources used since arrival in Quebec • CLSC services • Hospital services • Private clinics • Dentist • Alternative medicine • Government services (local employment agencies, youth employment centres) • Community organizations (housing, employment, nutrition, language services, family services, psychosocial support, other)	If yes : • When • Duration/number of consultations • Reasons for consultation
	Did you already have needs for which you never sought services?	Which one(s)?

Request for assistance *In this section, we would like to understand the circumstances under which you have used various resources.*	Use the resources mentioned in the previous section and ask: Tell me about your experiences with (list of resources utilized)	
	Why did you choose this resource as opposed to another?	Would you have proceeded differently if you had been in your country of origin? (if so, who would you have consulted?)
	If you hesitated before choosing this resource, what was the main reasons? What convinced/motivated you in the end to choose this resource?	Concerns (fear of being judged, fear of being discriminated against, not receiving the right type/quality of service) Obstacles (cost, language, their values and beliefs, their membership in a particular group (cultural, religious, etc.)
	Have you experienced any difficulties upon requesting services/accessing services? If so, which one(s)? Have you experienced any difficulties while receiving these interventions? If so, which difficulties?	Loss of status, material costs, geographical distance, wait-time, language, lack of knowledge regarding available services Understanding the information received, time allocated
	What do you think about the help that you received? Did the service(s) meet your expectations/needs?	Most appreciated Least appreciated
	Among the resources used, which one best responded to your needs? Least responded to your needs?	
	If you had a health problem, which resource would you refer to first for services? Why?	Main criteria for choosing a service

Non-utilization of services	Have you ever needed or wanted to use a service but not done so?	Why ?
	Since arriving in Quebec, have you or a family member encountered any difficulties in accessing health services? If so, which difficulties?	Why ? Difficulties getting an appointment, long wait-times, lack of available services, transportation problems, language barriers, did not know where to go to receive service, was not free during opening hours, etc.
	Are you aware of services offered/available?	At the CLSC? Which? At the Info-santé helpline?
Perceptions of health and social services in Quebec	What do you think of CLSCs? Hospitals?	Manner in which you are received
	Are there some aspects of immigrants' reality that are not understand by CLSC and hospital personnel? Immigrants men?	Which ones?
	What reasons could prevent men from using health and social services?	
	Do you have any recommendations for improving health and social services as well as improving the accessibility of those services for immigrant men?	

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