



LE PROTECTEUR DU CITOYEN

Assemblée nationale  
Québec

**Examination of Services Made Available to Québec Men by the  
Health and Social Services Network Since  
the Rondeau Report**

**June 29, 2012**



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## 1. CONTEXT OF STUDY OF THE COMPLAINT

### 1.1 ACT RESPECTING THE HEALTH AND SOCIAL SERVICES OMBUDSMAN

The Québec Ombudsman exercises the functions provided for in the *Act respecting the Health and Social Services Ombudsman*, which stipulates that it shall, by any appropriate means, see to it that users are respected and that their rights, as defined in the *Act respecting health services and social services* and in any other Act, are enforced.<sup>1</sup> In addition, the Québec Ombudsman may intervene if there are reasonable grounds for believing that a natural person or a group of natural persons has been or may likely be wronged by an act or omission on the part of a health or social services body.<sup>2</sup>

After having received a complaint from a citizen concerned by the situation of Québec men, the Québec Ombudsman conducted an investigation on the combined impact of actions undertaken by the Ministère de la Santé et des Services sociaux (MSSS) intended to meet their needs.

## 2. RESULTS OF THE INVESTIGATION

### 2.1. RONDEAU REPORT

The study of this request for intervention began with our examination of the content of the Rondeau Report.<sup>3</sup> This report, titled *Les hommes : s'ouvrir à leurs réalités et répondre à leurs besoins, Rapport du comité de travail en matière de prévention et d'aide aux hommes*, was submitted to the Minister of Health and Social Services on January 7, 2004. It was the product of a working committee chaired by Mr. Gilles Rondeau, researcher at the Université de Montréal, assisted in his work by community and institutional representatives concerned by the situation of men and boys. This was the first governmental report to adopt an approach that was both systemic and free of any kind of militancy so as to focus on the unfulfilled needs of Québec men in order to ensure their health and well-being. Upon completion of their work and submission of their report to the Minister of Health and Social Services, committee members described an important reality: "Biases are tenacious, and the difficulties experienced by men are often underestimated or ignored"<sup>4</sup> [translation]. They go on to specify that: "Even if most Québec men are well, many experience multiple problems that are severe enough to warrant circumscribed diagnoses and systemic solutions" [translation].

Based on these observations, they make several recommendations that take the following aspects into account:

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1. *Act respecting health services and social services*, R.S.Q., c. P-31.1, s. 1 and s. 7.
  2. *Ibid.*, s. 20 and following.
  3. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, *Les hommes : s'ouvrir à leurs réalités et répondre à leurs besoins. Rapport du Comité de travail en matière de prévention et d'aide aux hommes*, Québec, January 2004.
  4. Presentation letter addressed to the Minister that accompanied the Rondeau Report.

Changes recently experienced by Québec society have impacted men, particularly as regards the weakening of their traditional roles, making the socialization of boys and men difficult;

- Men needing health care or services sometimes get a cool reception from the people dispensing services, who fail to show their tolerant side. As a result, men seek help late, too often doing so only when they find themselves in a crisis situation;
- Some men experience difficult marital situations and do not know where to seek help;
- Men who are victimized are usually at a total loss as to where they can seek help, and moreover, few suitable services are available. These are men who were sexually abused as children or assaulted by their spouse;
- Men adopt lifestyles that can be damaging to their health: they don't eat well, smoke more than do women, become more easily dependant on alcohol, drugs and gambling. They have few support networks available to them, and many remain bruised following a separation or divorce.

The Rondeau Report came to an obvious conclusion: the response to men's needs is complex. From that fact, the recommendations target care and services, lifestyle promotion, development of community services, fatherhood, professional training, masculine identity and continued reflection on the matter.

More specifically, the recommendations take a broad direction, with several intended for the MSSS. These cover the following aspects:

- The care to make available to men in crisis;
- Suicide prevention;
- Training of interveners;
- Adapting services and methods of intervention;
- Promotion of healthy lifestyles;
- Development of community services.

Implementation of the other recommendations contained in the report falls within the scope of action of other players: the government, the judicial process and the Ministère de l'Emploi et de la Solidarité sociale. They must act on the following aspects:

- Paternity and the protection of father-child ties;
- Professional training;
- Masculine identity and men's image of themselves;
- Continuing the reflection about men's condition.

## **2.2. PORTRAIT OF MEN'S HEALTH IN QUÉBEC**

After tabling of the Rondeau Report in 2004, a portrait of Québec men's health was published in 2005.<sup>5</sup> This was the result of gender-based systematic analysis. The monograph, by the Institut de la statistique du Québec at the behest of the MSSS, gave an objective description of men's main health problems, their lifestyles and the habits which increase their vulnerability to various illnesses and psychosocial difficulties.

This monograph supports and completes the Rondeau Report by laying bare the dynamics of influences on men's state of health and well-being, and by delineating different paths to improvement. To do this, we need to:

- Make men's health a departmental priority;
- Take into account men's diversity and target the highest risk groups;
- Break down the barriers separating services and men;
- Adapt the prevention and intervention models;
- Establish research programs and policies on men's health.

With this document that gathers together knowledge about the health profile of Québec men, the MSSS has at its disposal a new reference and reflection tool for the use of the entire personnel of its health care and services network.

Equipped with the Rondeau Report and the monograph depicting the state of health of Québec men, the MSSS was able to zero in on points to be developed or improved. As the complainant's allegations concern the Department's inaction, we had to examine what it had done in response to the recommendations made.

## **2.3. MSSS RESPONSIBILITIES**

At the outset, we must recall the main responsibilities incumbent on the MSSS:

- The Minister sets priorities, goals and directions in the area of health care and social services and sees to their implementation;
- The Minister establishes health and social services policy and sees to their implementation by agencies and their evaluation;

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5. Tremblay, G., Cloutier, R., Anctil, T., Bergeron, M.-È. and Lapointe-Goupil, R. *La santé des hommes au Québec*, Québec, Les Publications du Québec, 2005.

- The Minister equitably distributes human, material, informational, technological and financial resources among the regions and sees to it that their use is monitored;
- The Minister sets labour policies and directions for the health and social services network, follows up on implementation and conducts their assessment;
- The Minister ensures the inter-regional coordination of health care and social services with a particular view to favouring their accessibility to residents of all Québec regions;
- The Minister takes appropriate measures to ensure public health protection and their coordination on the inter-regional and province-wide levels;
- The Minister assesses results in matters of health care and social services.

This brief, non-exhaustive description of MSSS responsibilities shows that the Department is not the direct provider of care and services. It rather determines, sees to implementation, distributes resources, and to do that, ensures their coordination, as well as assesses the results produced by its health care and social services network.

## **2.4. FOLLOW-UP BY THE MSSS**

After the tabling of the Rondeau Report, the MSSS conducted its own analysis in 2005-2006 of the situation. To do this:

- A tour of Québec regions was carried out, in order to find out the needs expressed by residents and the services made available to them. It is important to note that the deployment of care and services must be adjusted to the reality of each region, which is obviously dissimilar;
- In light of this tour, the MSSS was able to draw a full picture of the different realities and of the problems affecting men, so as to develop responses and actions to meet their needs and improve their well-being.

## **2.5. PILOT PROJECTS**

### **2.5.1. Creation**

From 2005 to 2010, the MSSS wanted to strengthen front-line services to better respond to crisis situations, in particular those experienced by men. To do this, it provided tools to institutions offering those services in its 2005-2010 mental health action plan.

One of the action plan objectives was to put in place intervention pilot projects that specifically target men in vulnerable situations. Twelve pilot projects for preventive intervention were started up in eleven health and social service regions across Québec.



### 2.5.2. Assessment

In January 2012, the MSSS submitted an assessment of the results of intervention and evaluation projects conducted among men in a vulnerable situation, including suicide prevention projects, as part of the 2005-2010 mental health action plan (*Bilan des projets d'intervention et d'évaluation auprès des hommes en situation de vulnérabilité / Projets liés à la cible : Intervention préventive et risques suicidaires du Plan d'action en santé mentale 2005-2010 – La force des liens*). The results from this work show variations from one region to another, but overall their effects are positive: acquisition of know-how to better understand the situation on the ground, improvement of services made available to targeted men, original adaptation of tools and activities, collaboration through the setting up of partnerships, commitment by partners and linking of organizations concerned by the issue of men's suicide.

The assessment also describes the difficulties faced as part of these pilot projects: problems reaching men in vulnerable or crisis situations, hard-to-change attitudes and habits in that men are reluctant to seek and accept help, persistent biased views held by the people around men in distress and their expression of malaise, lack of understanding of men's silence and aggressive behaviour, often brought on by despair.

### 2.6. DEPARTMENTAL PRIORITIES

In 2009, the Minister announced the following three priorities for government action in the area of men's health and well-being:

- **Adaptation of a healthy weight management program for men**
  - A mandate was entrusted to Groupe Équilibre;
  - Adjustments were made in 2010-2011 to the program and tested in five businesses. An evaluation was then done of the program.
  - To do this, the collaboration of Groupe Équilibre was enlisted to gather more data in view of future deployment of the program across Québec.
- **Adaptation of services intended for men, according to three categories, so as to fit diverse regional realities**

This priority was implemented through:

- The consolidation of community organizations;
  - Support for regional initiatives;
  - An analysis of needs.
- **Development of know-how and improvement of practices**

A memorandum of understanding was signed in 2010 with the Fonds québécois de la recherche sur la société et la culture (FQRSC) for conducting joint research about the impact of preventive services for fathers in difficulty and their children;

In 2010-2012, Ms. Diane Dubeau and her 14-member team started a research project about support for fathers in a vulnerable situation and their

children (Soutenir les pères en contexte de vulnérabilités et leurs enfants : des services au rendez-vous, adéquats et efficaces). Her report is expected in March 2013;

- A new call for proposals was launched in 2011-2012 for concerted action on the way Québec men view their health and psychosocial needs. The project is set to begin in August 2012;
- In 2012-2013, support for project start-up of the evaluation of a training program in Montérégie for intervention among men (Projet For'Hommes).

## **2.7. OTHER ACTIONS**

From 2010 to 2013, in response to demand for development and implementation of the action plan for men's health and well-being, a monitoring committee, comprised of community representatives, was struck and began work to carry out the following mandates:

- Draw up an account of the implementation of regional actions;
- Support reflection on developments in the health and well-being of men;
- Proceed with the identification of actions to be supported or developed.

In 2010-2012, a website that provides statistics on health and well-being according to gender was made available.

In 2011-2012:

- A directory was developed of resources available to help men in a vulnerable situation or undergoing change. It should be ready soon;
- A committee of experts on family homicides was set up. Its report is expected in June 2012;
- A new action plan to counter spousal violence is being developed and will be submitted subsequently.

## **2.8. INTERDEPARTMENTAL COMMITTEE**

Further, in response to the Rondeau Report which made the creation of a committee a priority, an interdepartmental committee on men's realities was set up in 2006. Its work was done in 2007 and in 2008:

- The following departments took part: Ministère de la Santé et des Services sociaux; Ministère de l'Éducation, du Loisir et du Sport; Ministère de la Famille et des Aînés; Ministère de l'Emploi et de la Solidarité sociale; Ministère de la Justice; Ministère de la Culture, des Communications et de la Condition féminine; Ministère de la Sécurité publique; Ministère de l'Agriculture, des Pêcheries et de l'Alimentation.
- In 2009-2010, the committee's report on follow-up, actions and collaborations was tabled;

- Since 2011, the Comité interministériel de suivi des actions et réalités masculines (CISARM) has met again to consolidate and update the expertise developed, support departmental actions and promote a unified vision of men's realities.

The listing of efforts concludes:

- With respect to men's health and well-being, the MSSS has since submission of the Rondeau Report made specific **investments** spread out as follows:
  - To organizations working with spouses who have shown violent behaviour:
    - 2004-2005: \$1 million, recurrent;
    - 2005-2006: \$500,000, recurrent;
    - Total for those years is \$10 million.
  - In the area of suicide prevention: \$600,000 was awarded to pilot projects for intervention among men in vulnerable situations, with evaluation of the projects;
  - The Ministère de l'Éducation, du Loisir et du Sport released funds for carrying out actions to prevent students from dropping out of school;
  - In 2009-2010, for implementation of the three departmental priorities, \$375,000 was allocated, and \$750,000 in recurrent funding was awarded in 2011-2012. To date, \$1,875,000 has been committed.
- To better reach men, the MSSS states that it has made the following **service adaptations**:
  - The consolidation of seven community-based agencies working for men's general health;
  - Support for 6 regional initiatives working on intervention among men;
  - Setting up of 11 regional tables for concerted action on men's realities;
  - Preparation of 7 regional portraits of support for men's health and well-being;
  - Organization of 6 symposia or regional forums on men's health and well-being;
  - Thus, 15 of 18 regions developed actions for men's health and well-being, and one region is currently at the organizational stage.
- **Knowledge development** has been taken into account with a view to improving practices:
 

To better understand and act, a joint research project is underway to find out the effect of preventive services for fathers in difficult situations and their children, with the Fonds québécois sur la société et la culture, as mentioned above, whose report is expected in March 2013.

- A call for proposals was launched for concerted research on the views of Québec men about their health and their psychological needs. This is still ongoing;
- Assessment is underway of a training program for intervention among men:
  - o Chief researcher is Mr. Jean-Martin Deslauriers. His report is expected by the end of 2013;
- To ensure **local participation** in the direction and follow-up of actions supporting men's health and well-being, a monitoring committee has been struck, comprised of members from the community, the health care network and the research community.

## 2.9. PREVENTION AND DETECTION OF MEN'S DISORDERS

The complainant also brought forward concerns about the lack of prevention or screening programs for disorders affecting men. To this effect, the Rondeau Report stated that "campaigns encouraging self-examination of testicles could be developed. Similarly, a campaign for the prevention of prostate cancer should also take place. Such programs should try to reach men where they can be found, particularly in their place of work and in sports facilities"<sup>6</sup> [translation].

Over the past few years, Québec has begun to take more action in the fight against all forms of cancer. As to the detection of testicular and prostate cancer, current scientific research has not yet shown that screening tests have more benefits than drawbacks. Undesirable side effects seem to appear following certain screening tests. False negatives are observed in many cases, leading men to think that they are free of cancer and to disregard symptoms while the disorder makes dangerous progress. Conflicting messages arise from health care centres, pressure groups and doctors. A consensus around best practices or preventive action modes has obviously not been reached. Despite all this, the Minister of Health and Social Services made an announcement that he is studying the relevance of systematically screening men age 50 and older for prostate cancer. A committee was set up by the Collège des médecins du Québec with different experts in the area. The committee's report on the question is to be presented in the fall of 2012.

## CONCLUSION

Our analysis allows us to conclude that the actions by the government, different departments, the public health care and social services network, and community agencies has surely not yet produced all the anticipated effects. Members of the Rondeau working committee clearly indicated that the time has come for commitment and consideration of the difficulties facing many Québec men. It seems that Québec is taking this path. The solely negative depiction of men does not bear up to examination.

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6. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, *Les hommes: s'ouvrir à leurs réalités et répondre à leurs besoins. Rapport du Comité de travail en matière de prévention et d'aide aux hommes*, Québec, January 2004, p. 34.

Whether it be to break their isolation, to reach them where they are at the right time, to diversify and improve the services provided to better meet their needs, to develop mechanisms for joint action through partnerships with all players concerned, to put into place awareness activities around men's issues and the problems they experience, and to provide awareness-raising activities and training on intervention among men, everything is currently on the table.

To see those ambitious projects through, we still have to increase and diversify the sources of funding, pursue research to better target priorities, develop strategies to counter stigmatization, give priority to intervention among men in province-wide training programs for interveners, all the while ensuring we can count on the expertise of men to do so.

Lastly, we must insist on the importance of community-based agencies and men's self-help organizations. They are often the best placed to reach men where they are found. Their input is indispensable because of their inventiveness and direct link to the real living situation of men, who tend not to consult the professionals of the public system for the reasons stated in the above-mentioned reports.

Those organizations are starting to spring up, but resources allocated to them are insufficient. They are nonetheless essential in the delivery of services specifically intended for men in distress or in a crisis situation. Additionally, outreach housing for men accompanied by their children is almost non-existent. These must be developed. The Rondeau Report recommended the promotion of new community services intended for men, that adequate funding be given to existing agencies and that the development of new services in all regions be encouraged. The Québec Ombudsman embraces those recommendations.

In the course of our examination of the way actions are currently conducted to understand men's reality and to develop the services they require, we clearly saw the challenges inherent in delivering a full array of services in each region across Québec through both the public care and services system and the network of community agencies.

The complaint covered mainly the MSSS. The complainant considers that the Department has done little since the Rondeau Report was submitted. We cannot subscribe to this view. While it is true that everything has not been implemented to date, the MSSS has begun to take measures that target the right goals. The obstacles are many:

- Community organizations are running out of steam;
- Misunderstanding by some of the problems experienced by men;
- Taboos about the reality facing men;
- Difficulty in reaching them at the right time before distress sets in;
- Insufficient financial resources to deliver new services specifically intended for men;
- Difficulty in finding interveners aware of the issues confronting men, especially in outlying regions;

- Radical and ideological positions taken by certain groups comprised of men as much as women.

In summary, we consider that before planning the implementation of different programs/services from which services could be offered locally, it is important to determine needs on the basis of the type of clientele, define the problems that require solving, identify existing public and community resources – with a view to their improvement –, plan training and expertise development for interveners, set priorities and resulting means of intervention including alternative modes of service delivery, plan the deployment of the necessary resources (financial, human, material) along with the implementation of services, and finally, plan ways of evaluating programs after they have been implemented.

It seems that the MSSS did conduct the required evaluations that must precede the allocation of services. These services must now be deployed. To do this, the MSSS must ensure public recognition of men’s reality and hold strong to its wish to meet their needs by providing sufficient funds.

The Québec Ombudsman will remain watchful of the progress made by the MSSS, particularly in following up on the recommendations in the Rondeau Report. The MSSS clearly stated in the monograph mentioned above on men’s health it published in 2005:

“Research carried out during the last few years highlights the urgency of taking action in the area of men’s health, as does this monograph”<sup>7</sup> [translation].

This is the reason in particular that the chapter devoted to exploring paths to improving men’s health and well-being mentions the necessity of making men’s health a departmental priority.<sup>8</sup>

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7. Tremblay, G., Cloutier, R., Anctil, T., Bergeron, M.-È. and Lapointe-Goupil, R. *La santé des hommes au Québec*, Québec, Les Publications du Québec, 2005, p. 167

8. Ibid.