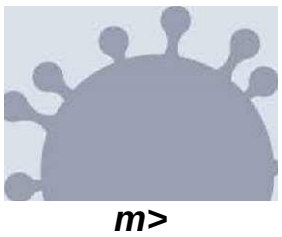
Coronavirus (COVID-19)



PANDÉMIE – COVID-19

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Toolkit for identifying people at risk of psychosocial vulnerability

Direction générale des programmes dédiés aux personnes, aux familles et aux communautés (DGPPFC)

Direction générale des aînés et des proches aidants (DGAPA)

Ministère de la santé et des services sociaux (MSSS)

March 2020

PLAN QUÉBÉCOIS DE LUTTE CONTRE UNE PANDÉMIE DE COVID-19
MISSION-SANTÉ

Votre gouvernement

Québec ""

BACKGROUND

In a pandemic, the plight of certain population groups at risk of psychosocial vulnerability requires coordinated action by various service providers with the aim of ensuring that these individuals have access to basic services tailored to their needs.

To support efforts to identify these at-risk groups, Direction des programmes dédiés aux personnes, aux familles et aux communautés (DGPPFC) and Direction générale des aînés et des proches aidants (DGAPA) of Ministère de la Santé et des Services sociaux (MSSS) have established guidelines for prioritizing the needs of clients that use their programs and the services and support required to meet those needs. This toolkit was developed to guide institutions in the health and social services system through the process of arranging for psychosocial intervention for their existing and potential clients against the backdrop of a pandemic.

The first section comprises fact sheets for each of the following target groups:

- Pregnant women and newborns
- At-risk youth
- People with a physical disability (PD), an intellectual disability (ID), or an autism spectrum disorder (ASD)
- People with a common mental health problem or who are at risk of psychological distress
- People with a serious mental illness combined with difficulties in functioning (SCT, VIS, and FACT clients, individuals monitored for injectable psychotics, individuals monitored for clozapine)
- People who use psychoactive substances or have a substance use disorder and people who are homeless or at risk of homelessness
- People receiving in-home support services
- Informal or iInformal or family caregivers regardless of the age or nature of the disability of the person they care for

Note that each fact sheet highlights the priority needs of the target group according to the following benchmarks:

- Where they live: The target group’s needs with respect to their living environment, whether at home or in another arrangement (foster family, family-type resource, group home, day centre, alternative resource, community organization, shelter, rehabilitation centre, residential and long-term care centre, private residence)
- Autonomy: Identifying priority needs and services for clients who are self-sufficient (but still fragile in a pandemic) and not self-sufficient
- Vulnerability: An indication of the degree to which clients are vulnerable and what they might need as a result. These are vulnerable target client groups known to the system and community resources. The level of service (frontline, secondary, tertiary)

- Mobility: Specific needs of clients related to their ability to get around within their living environment and in the community during the pandemic

The second section of the document includes two tools to help service providers and managers identify people who are more psychosocially vulnerable and need special attention in the pandemic.

For known clients, especially those that receive psychosocial services, the *Guide to Prioritizing Vulnerable Clients During a Pandemic for Use by Managers, Professionals, and Healthcare Service Providers* sets out a series of steps to follow and measures to take to identify and prioritize clients who are already in one or more of an institution's service and support programs.

To support the efforts of key partners in the territorial and local service networks (e.g., community organizations, family medicine groups [GMFs], medical clinics), the *Referral Guide for Partners in Health and Social Services Institutions With Clients Who Need Psychosocial Services* is also designed to help them identify clients requiring special attention due to their psychosocial vulnerability. It includes a user-friendly tool to guide partners through the process of referring a client to an institution for psychosocial services when necessary.

Table of contents

Fiche 1: Femmes enceintes et nouveau-nés 1
Fiche 2: Jeunes en difficulté 4
Fiche 3 : Personnes ayant une déficience physique (DP), une déficience intellectuelle (DI) ou un trouble du spectre de l'autisme (TSA) 8
Fiche 4: Personnes présentant un trouble mental fréquent ou à risque de détresse psychologique 13
Fiche 5: Personnes présentant un trouble mental grave combiné à des difficultés de fonctionnement (clientèle SIM-SIV et FACT, personnes suivies pour injectable, personnes suivies pour clozapine) 18
Fiche 6: Personnes consommatrices de substances psychoactives (SPA) ou présentant un trouble lié à l'usage de substances (TUS) et personnes en situation d'itinérance ou à risque de le devenir 23
Fiche 7: Soutien à domicile - Informations transversale à l'ensemble des clientèles ainsi qu'aux différentes modalités de prestation de services 28
Fiche 8: Soutien à domicile - Informations spécifiques aux prestataires externes de services (entreprises d'économie sociale en aide domestique [EÉSAD], organismes communautaires et organismes privés qui dispensent des services de SAD) 30
Fiche 9: Soutien à domicile - Modalité de prestation de services allocation directe / chèque emploi-service (AD/CES) 32
Fiche 10: Personnes proches aidantes sans égard à l'âge ou à la nature de l'incapacité de la personne qu'elles soutiennent 34
Outil 1: Guide de mise en priorité de la clientèle vulnérable en temps de pandémie à l'usage des gestionnaires, professionnels et des intervenants travaillant auprès des clientèles 38
Outil 2 : Guide de référence destiné aux partenaires des établissements de santé et de services sociaux à l'égard de la clientèle ayant besoin de services psychosociaux 48

Fact Sheet 1

Vulnerable populations requiring special attention in the COVID-19 pandemic: Priority needs and services

Pregnant women and newborns

Approximate size of the target group

See the enclosed table of figures.

Associations

Centres de ressources périnatales
Family community organizations (FCOs)
Birth attendant groups
Home services and visits

Specific characteristics of the target group	
Where they live	Individuals at home, with the exception of a small number of women such as those with a high-risk pregnancy (HRP) for whom hospitalization is required, and newborns requiring neonatal care. Note that childbirth is the leading cause of hospitalization in Canada.
Autonomy	Autonomous target group.
Vulnerability	The perinatal period is a tumultuous time requiring women to adapt and adjust. On top of the anxiety they may feel about pregnancy and their baby's arrival, they may be concerned about becoming infected with COVID-19 and the potential effects it could have on their unborn baby or newborn. Strategies must be used to reassure future parents, including tools designed just for them. **https://publications.msss.gouv.qc.ca/msss/sujets/covid-19** The impact the pandemic may have on the pregnant woman's friends and family, potentially even the death of a loved one, may affect her mental and physical health. Use this tool to support bereaved families. **https://publications.msss.gouv.qc.ca/msss/en/document-002498/**
Mobility	No restrictions on most women, but some may need in-home support after a C-section.

Specific characteristics of the target group	
Steps to take and services to provide	Disseminate, through all channels (e.g., Info-Santé, Internet, healthcare service providers), information tailored to the specific need for reassurance of pregnant women and future parents, particularly with regard to anxiety and protective measures, the risks of transmission, and the potential impacts of the disease on them, their unborn child, or their newborn. Provide training to service providers (e.g., general practitioners, obstetrician-gynecologists, midwives, emergency physicians, nurses) so they can continue to offer parents reassurance through the perinatal period. Allow time to answer questions by phone and during appointments. If necessary, provide spaces with a lower risk of transmission for prenatal follow-up appointments, pregnancy exams and tests, breastfeeding support, infant immunization, etc. Suspend group prenatal meetings and convey basic prenatal information via other means, such as the *From Tiny Tot to Toddler: a practical guide for parents from pregnancy to age two* guide and websites. Enlist CLSC professionals to provide follow-up calls and home visits as needed. Allow more time to educate, support, and reassure the new parents after a woman who is an actual or suspected COVID-19 case delivers her baby. The plan for going home after delivery must address quarantine arrangements. Make sure the CLSC automatically follows up by phone within 24 to 48 hours after the woman returns home, and regularly every 48 to 72 hours thereafter for the first two weeks for confirmed cases and as needed for suspected cases.
Additional information	Women with high-risk pregnancies may need more reassurance. It is important to include strategies to also educate the woman's partner, who will not necessarily be included in post-partum follow-up visits.

Source:
Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

Births by health and social services region, Québec, 2017[1]

Health and social service region	Births
01 – Bas-Saint-Laurent	1,658
02 – Saguenay–Lac-Saint-Jean	2,527
03 – Capitale-Nationale	7,183
04 – Mauricie and Centre-du-Québec	4,642
05 – Estrie	4,488
06 – Montréal	22,722
07 – Outaouais	3,988
08 – Abitibi-Témiscamingue	1,555
09 – Côte-Nord	944
10 – Nord-du-Québec	159
11 – Gaspésie–Îles-de-la-Madeleine	675
12 – Chaudière-Appalaches	4,180
13 – Laval	4,120
14 – Lanaudière	4,974
15 – Laurentides	5,675
16 – Montérégie	13,638
17 – Nunavik	341
18 – Terres-Cries-de-la-Baie-James	386
Total	**83,855**

Source: Fichier des naissances du Registre des événements démographiques (RED), MSSS, actualisation du découpage territorial version M34-2019. Data retrievable online at the following Ministère de la Santé et des Services sociaux website:
https://www.msss.gouv.qc.ca/professionnels/statistiques-donnees-sante-bien-etre/surveillance-de-la-sante-maternelle-et-foeto-infantUe/evolution-du-nombre-de-naissances-vivantes-au-quebec-selon-le-sexe-du-nouveau-ne/ (in French)

Vulnerable populations requiring special attention in the COVID-19 pandemic: Priority needs and services

At-risk youth

Approximate size of the target group
The following data is of note:

- In 2018–2019, 35,269 children were the subject of at least one report filed with the Director of Youth Protection (DYP).
- In 2018–2019, 11,539 young people required placement under the *Youth Protection Act*.
- In 2018–2019, 376 young people required placement under the *Youth Criminal Justice Act*.

Associations
N/A

Characteristics of this target group and priority needs and services

Specific characteristics of the target group	
Where they live	At-risk youth generally live with their own families in situations considered high-risk: parents with mental health or drug addiction problems, cases of neglect, etc. Or they may live in formal system arrangements such as rehabilitation centres, foster families (including kinship foster families), or alternative resources. At-risk youth may also live in runaway centres where they are part of homeless groups. Some may be in youth community housing.
Autonomy	At-risk youth are not self-sufficient; they depend on their parents to survive. The fact that they need protection is a key characteristic of most at-risk youth that must be taken into account. Some young people may pose a potential danger to society because of their deviant behaviour, which may include behavioural disorders, substance abuse, or criminal behaviour. This may require them to be placed in a locked unit under the *Youth Protection Act* (intensive supervision) or the *Youth Criminal Justice Act* (secure custody).

Specific characteristics of the target group	
	However, some young people claim to be self-sufficient, especially the older age groups (15 to 17) no longer living with their parents. They may be part of disaffiliated client groups struggling with homelessness or substance abuse.
Vulnerability	Younger children (0 to 10) are more vulnerable because they usually are not able to seek out the help they need. Young children age 0 to 5, particularly those who do not go to daycare, are completely dependent on their parents, which makes them very vulnerable. Children age 0 to 4 are not in daycare, making it more difficult to reach this target group. Children in families known to the system for specific problems (e.g., negligence, drug addiction, mental health, extreme poverty) are often even more vulnerable, as are parents who demonstrate an obvious parental disability (e.g., intellectual disability). Children in single-parent families are usually more vulnerable because these families are more likely to experience poverty and isolation.
Mobility	Young people are usually relatively mobile in their day-to-day activities. Most attend daycare or school and have access to recreational resources. The same cannot always be said of at-risk youth. Young people requiring placement under the *Youth Protection Act* or *Youth Criminal Justice Act* may be restricted in their movements or not mobile at all. In addition, marginalized youth move from one neighbourhood to another and from one city to another. Most no longer attend school. They are a target group that is increasingly difficult to reach and requires special attention.

Specific characteristics of the target group	
Steps to take and services to provide	**1. Establish a list of at-risk children and youth in each territory.** • Identify young people living in high-risk situations who are not known to the health and social services system. Doing this will require working with schools, daycares, and youth community organizations (frontline). • Identify young people living in high-risk situations who are not known to the CISSSs and CIUSSSs in the system (frontline and secondary). • Identify and locate single-parent families without a parent substitute and living in poverty (frontline). • Identify and locate nuclear families living in poverty with a tenuous or non-existent support system. For these families, daycare is often the only alternative to prevent abuse and placement (frontline). • Identify and locate immigrant and Indigenous families living in precarious and isolated conditions (frontline). **2. Monitor these young people and their families.** Make regular phone contact (frontline and secondary). Immediately take custody of young people whose basic needs are no longer being met, or whose safety or development may be compromised (frontline and secondary). **3. Use intensive intervention strategies for young people and families affected by COVID-19.** • Arrange for in-home support services, childcare, or respite care services to keep young people in their family environment and avoid placements (frontline and secondary). • After assessment, tap into the extended family of young people living in high-risk environments (frontline and secondary). • Build mutual support systems in communities (frontline and secondary). • Closely monitor children who have been orphaned and placed in the care of third parties without a comprehensive assessment and who are at risk of any type of abuse (frontline and secondary). • Develop mechanisms for cooperation and intervention with community resources in order to reach marginalized youth who have cut ties with their families and provide them with the necessary services (frontline).

Specific characteristics of the target group	
	4. Provide for backup measures to ensure young people in foster care and rehabilitation centres get the services they need even in a staffing shortage. • Review youth protection activities and reallocate the required resources to youth in foster care (secondary). • Recruit retired staff. • Establish agreements with other sectors, such as schools, childcare centres, and youth organizations, in order to get support from their professionals if these places must close. • Work with other government agencies (Public Safety, Justice, Education) to make special arrangements. • Recruit new foster families, especially from extended families (secondary). • Build mutual support systems in communities (frontline and secondary). **If infected young people are identified, plan for:** • Quarantine scenarios (who and where) • Specific measures for locked units (intensive supervision, confinement under the YCJA) • A plan to communicate information to parents (infected young people who are quarantined in other units) • A mechanism for parents of young people in quarantine to visit • Interregional mechanisms for young people housed in a region other than that of their parents • Guidance/procedures for if runaways return (no indication of where they have been or their state of health)
Additional information	If we want to reach at-risk youths and their families (especially after a DYP report), professionals from the health and social services system must go to where they live—even (and especially) in a pandemic. The fact is, there will always be a portion of the population that will be wary of going into system institutions. These troubled individuals are very much at risk. The workers who will be travelling to these places are also at risk. Special measures must be taken to ensure safe conditions for intervention.

Source:
Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

People with a physical disability (PD), an intellectual disability (ID), or an autism spectrum disorder (ASD)

People of all ages can experience permanent impairment due to a PD, an ID, or an ASD. They may be disabled from birth, or the disability may appear later in life.

Approximate size of the target group

MSSS does not have data on the number of Quebecers with a PD, an ID, or an ASD.

The number of clients served in PD/ID/ASD programs does not accurately represent all individuals with a disability in the province because not all of them use these services. The data below is therefore provided for information only.

Number of clients receiving specialized services in 2018–2019:

- PD: 82,388
- ID: 19,373
- ASD: 16,667

Number of clients receiving specific services in 2018–2019:

- PD: 43,206
- ID/ASD: 36,965

Autism affects an estimated 1.4% of the Québec population.[2] In 2015, one in 66 children and youth age 5 to 17 in Québec were diagnosed with an ASD.[3]

Associations (individuals and families)

Quebec Intellectual Disability Society (SQDI)
3958 rue Dandurand
Montréal, Québec H1X 1P7
Phone: 514-725-7245
Fax: 514-725-2796
Email: info@sqdi.ca

2 INSPQ, Autism Spectrum Disorder Surveillance in Québec, 2017
3 Public Health Agency of Canada, Autism Prevalence among Children and Youth in Canada, 2018

Fédération québécoise de l'autisme (FQA)
3396 rue Jean-Talon Est
Montréal, Québec H2A 1W8
Phone: 514-270-7386
Toll-free: 1-888-830-2833
Fax: 514-270-9261
Email: direction@autisme.qc.ca

Alliance québécoise des regroupements pour l'intégration des personnes handicapées (AQRIPH)
1173 boulevard Charest Ouest
Suite 312, Québec City
Québec G1N 2C9
Phone: 418-694-0736
Email: aqriph@videotron.ca

Confédération des organismes de personnes handicapées (COPHAN)
7000 avenue du Parc, Suite 414-C
Montréal, Québec H3N 1X1
Phone: 514-284-0155
Email: info@cophan.org
Skype: cophan-skype

Specific characteristics of the target group	
Where they live	Individuals with a physical disability (PD), an intellectual disability (ID), or an autism spectrum disorder (ASD) live either with their parents, in an independent living environment with or without support, or in a family-type resource (FTR), an intermediate resource (IR), a residential resource with continuous assistance (RAC), or a residential resource with a continuous assistance allowance (RAAC). A few reside in boarding facilities or residential and long-term care centres (CHSLDs). The plight of **people living in independent living environments** is of particular concern in a pandemic. **The first challenge** is to reach the target group by identifying clients, since they might not be known to the health and social services system. Particular attention must be paid to finding clients who have no support system. People in this target group live in community organizations for the disabled, community organizations working with the homeless, and private group housing arrangements (e.g., room and board, low-income housing). The **second challenge** is to make sure the target group understands the guidelines on preventing COVID-19 infection. Can they recognize symptoms, understand and follow instructions, and seek available support?
Autonomy	Individuals with a disability have varying degrees of autonomy. Depending on the type of disability, they may require assistance with activities of daily living (ADLs), instrumental activities of daily living (iADLs), communication (e.g., hearing and understanding messages, expressing needs clearly), locomotion, and safety.
Vulnerability	The degree of vulnerability of disabled people also varies depending on the severity of their disability, the adequacy of their support system, and where they live. Some may have issues related to judgment (e.g., ability to understand and appreciate the seriousness of the pandemic, ability to accept change such as moving or stopping certain activities), personal characteristics (e.g., sudden changes in the lives of people with ASD can have dramatic repercussions), and communication (e.g., hearing, reading, or understanding messages). Special attention must also be paid to individuals with visual, hearing, or language impairments to

Specific characteristics of the target group	
	intervene in a way that is tailored to their needs (at a minimum, respect for the principles of universal accessibility).
Mobility	Mobility varies depending on the type of disability (e.g., a disabled person may require a wheelchair, different locomotion aides, or personal assistance to get around). Many people in this group use paratransit for transportation. Depending on their age, individuals with disabilities may go to daycare or school, have a job, or participate in activities using the facilities of institutions or community organizations.
Steps to take and services to provide	• Disseminate information (e.g., tips on COVID-19 prevention and recognizing symptoms) using alternative formats. Make sure information is available in braille and audio (for visual impairments), sign language (for hearing impairments), and simple language (for intellectual impairments). • Make it easier to identify and locate clients and create a directory of people in independent and semi-independent living environments and find a way to monitor them (e.g., phone calls, visits). • Establish a pool of alternative living environments and service providers in the event absenteeism is high, to replace both system employees and providers in the service employment paycheque category. Pay special attention to cases where family members or residents are infected. • Have backup plans for people in alternative residential arrangements in the event that those in charge of residential resources are themselves infected or no longer want to take care of people.
Additional information	• Provincial PD, ID, and ASD associations can give pointers on tailoring information to this target group. They include the Quebec Intellectual Disability Society (SQDI), Fédération québécoise de l'autisme (FQA), Confédération des organismes de personnes handicapées du Québec (COPHAN), and Alliance québécoise des regroupements régionaux pour l'intégration des personnes handicapées (AQRIPH). • Regional PD, ID, and ASD associations are also valuable resources for adapting and conveying measures locally. • Continue monitoring individuals the health and social services system may not know well, if at all (e.g., people with a mild ID),

Specific characteristics of the target group	
	but who are just as vulnerable in a pandemic, by making partners aware of the strategy for identifying the target group. • Think about all clients (PD/ID/ASD) receiving in-home support, particularly those who use the service employment paycheque arrangement. Make sure these individuals get the support they need if there is a worker shortage or the person providing support no longer can. • For in-home support clients receiving services from outside providers, refer to the specific fact sheets.

Source: Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

People with a common mental health problem or who are at risk of psychological distress

The concept of mental health is all-encompassing and applies to all vulnerable clients named in this document. Extra care should be taken to make sure these clients receive the support they need.

Approximate size of the target group

From 1999 to 2010 in Québec, the average annual prevalence of common mental health problems was 7.5% (i.e., 65% of all mental disorders) (INSPQ, 2012). Common mental health problems include depressive disorder, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and social anxiety disorder (MSSS, 2019).

In a survey conducted in Québec in 2016–2017, 17.2% of high school students reported having an anxiety disorder and 5.9% reported having a depressive disorder diagnosed by a physician or health specialist (ISQ, 2018).

Recipients of outreach services in CLSCs in Québec, 2019–2020

Sphere of activity	Sphere of activity	Number of clients in Québec
5922	Crisis intervention and monitoring – Mental health	2,976
5930	Frontline outpatient mental health services	113,868

Association

Alliance des groupes d’intervention pour le rétablissement en santé mentale (AGIR)
160 rue St-Joseph Est
Québec City, Québec, G1K 6E7
Phone: 418-640-5253
Email: info@agirensantementale.ca

Association des centres d’écoute téléphonique du Québec (ACETDQ)
Phone: 418-928-9004
Email: acetdq@gmail.com

Association des groupes d’intervention en défense de droits en santé mentale du Québec (AGIDD-SMQ)
4837 rue Boyer, Suite 210
Montréal, Québec H2J 3E6
Phone: 514-523-3443
Toll-free: 1-866-523-3443
Fax: 514-523-0797
Email: info@agidd.org

Association québécoise de prévention du suicide (AQPS)
1135 Grande Allée Ouest, Suite 230
Québec City, Québec G1S 1E7

Phone: 418-614-5909
Fax: 418-614-5906
Email: reception@aqps.info

Association québécoise pour la réadaptation psychosociale (AQRP)
5400 boul. des Galeries, Suite 111
Québec City, Québec G2K 2B4
Toll-free:1-800-653-2747
Phone: 418-683-2288
Fax: 418-683-9567
Email: info@aqrp.ca

Association / Troubles de l'Humeur et d'Anxiété au Québec (ATHAQ)
P.O. Box 49 018
Montréal, Québec, H1N 3T6
Phone: 514-251-0083
Fax: 514-251-0083
Email: info@ataq.org

COSME – Réseau communautaire en santé mentale
991 rue Champflour, Suite 214
Trois-Rivières, Québec G9A 1Z8
Phone: 514-355-5132
Email: info@cosme.ca

Phobie-Zéro
P.O. Box 83
Sainte-Julie, Québec J3E 1X5
Phone: 514-276-310

Regroupement des Services d'Intervention de Crise du Québec
Roxane Thibeault, Group President
La Maison sous les Arbres centre, Châteauguay
2 boulevard d'Anjou
Châteauguay, Québec J6K 1B7
Phone: 450-691-8882

Réseau Avant de Craquer
203-1990 rue Cyrille-Duquet
Québec City, Québec G1N 4K8
Administrative line: 418-687-0474 | 1-800-323-0474

Tel-Jeunes
P.O. Box
186
Succursale Place d'Armes,
Montréal, Québec H2Y 3G7
Phone: 514-288-1444
Fax: 514-288-6312

Common mental health problems and psychological distress can emerge at any point in life. That means they can affect anyone, no matter where they live.

Specific characteristics of the target group

Where they live

Common mental health problems and psychological distress can affect people of every age, from children to the elderly. People suffering from these disorders will therefore have varying degrees of autonomy.

Some disorders are linked to avoidance and social isolation behaviours, requiring more intensive support from providers or the user's inner circle to get them the physical and mental health services they need.

Up to 60% of people with a depressive disorder or other common mental health problem may also have other chronic conditions such as diabetes and hypertension, affecting their level of autonomy (CSBE, 2012).

Autonomy

The following points should be considered:

- Coping difficulties may be exacerbated by the news and spread of the pandemic and cause a sudden onset and aggravation of problematic psychological symptoms (e.g., concern for their and their family's health, change in lifestyle, change in daily routine).
- Social distancing measures may:
  - Restrict access to some psychological support services usually received in person
  - Cause greater social isolation due to the weakening or absence of a support system
  - Make the person feel more vulnerable with respect to their ability to cope and self-motivate when they have no support
  - Cause financial hardship, which can lead to other concerns and the inability to obtain necessary mental health care (e.g., psychological services, medication)
- The comorbidity of common mental health problems and chronic diseases puts this client group at risk of developing complications from COVID-19. _____

Vulnerability

Specific characteristics of the target group	
	Plan for respite measures in the event a residential setting closes or there is a disruption in food service delivery or a human resources shortage. Implement support and crisis management strategies.
Additional information	The risk of decompensation is higher in clients with anxiety or panic disorder. Yet there is evidence that clients with increased anxiety are stricter about following protective measures. Shorter, more frequent interventions with these clients are recommended. Healthcare workers may also experience common mental health problems or psychological distress or be more worried about their and their family's health. Be sure to provide them with accurate and up-to-date information, protective measures, and psychological support to maintain continuity of care (Goulia et al., 2010).
	Intervene remotely by providing the client with more self-care options. • Provide psychological support to healthcare workers who are concerned about their health and that of their families. Identifying and reaching out to vulnerable clients: • Update the list of clients with common mental health problems. • Try to identify individuals with a high-risk profile who are not currently receiving services and are highly vulnerable. • Send out mobile teams to promote access to care and services for isolated, distrustful, or disaffiliated clients. Priority interventions: • Make sure people have a clear understanding of the situation and take appropriate action (e.g., convey accurate and sufficient information, consider potential reactions, intervene in a timely manner). • Take into account people's concerns or indifference and offer the appropriate intervention for the situation at hand. Measures in the event of a disruption in mental health services: • Depending on the user's situation and that of their loved ones, consider having a friend or family member check in on them every day. See if the friend or family member can provide basic support as a caregiver. • Assess the risk of caregiver burnout and expand the institution's services as needed.

Source:
Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

Vulnerable populations requiring special attention in the COVID-19 pandemic: Priority needs and services

Persons with a serious mental illness combined with difficulties in functioning (SCT, VIS, and FACT clients, individuals monitored for injectable antipsychotics, individuals monitored for clozapine)

In tandem with the sheet on common mental health problems, this sheet describes the specific conditions facing individuals suffering from a serious mental illness. Many of these people have unique biopsychosocial characteristics that may have a significant impact on their level of vulnerability, particularly in the context of the COVID-19 pandemic.

As a reminder, the concept of mental health is all-encompassing and applies to all vulnerable clients named in this document. Extra care should be taken to make sure these clients receive the support they need.

Approximate size of the target group

For 2018–2019:

Sphere of activity

Sphere of activity		**Number of clients in <u>Québec</u>**
5941	Assertive community treatment	5,301
5942	Variable intensity community support	16,955
6331	Secondary and tertiary mental health assessment and treatment services – Under age 18	26,767
6332	Secondary and tertiary mental health assessment and treatment services – Under age 18	138
	In addition, in Québec, there are approximately 36,000 people with schizophrenic disorders, including those being monitored for clozapine and injectable antipsychotics.	635

Association

Alliance des groupes d’intervention pour le rétablissement en santé mentale (AGIR)
160 rue St-Joseph Est
Québec City, Québec, G1K 6E7
Phone: 418-640-5253
Email: info@agirensantementale.ca

Association des centres d’écoute téléphonique du Québec (ACETDQ)
Phone: 418-928-9004
Email: acetdq@gmail.com

Association des groupes d'intervention en défense de droits en santé mentale du Québec (AGIDD-SMQ)
4837 rue Boyer, Suite 210
Montréal, Québec H2J 3E6
Phone: 514-523-3443
Toll-free: 1-866-523-3443
Fax: 514-523-0797
Email: info@agidd.org

Association québécoise de prévention du suicide (AQPS)
1135 Grande Allée Ouest, Suite 230
Québec City, Québec G1S 1E7
Phone: 418-614-5909
Fax: 418-614-5906
Email: reception@aqps.info

Association québécoise pour la réadaptation psychosociale (AQRP)
5400 boul. des Galeries, Suite 111
Québec City, Québec G2K 2B4
Toll-free:1-800-653-2747
Phone: 418-683-2288
Fax: 418-683-9567
Email: info@aqrp.ca

Association / Troubles de l'Humeur et d'Anxiété au Québec (ATHAQ)
P.O. Box 49 018
Montréal, Québec, H1N 3T6
Phone: 514-251-0083
Fax: 514-251-0083
Email: info@ataq.org

COSME – Réseau communautaire en santé mentale
991 rue Champflour, Suite 214
Trois-Rivières, Québec G9A 1Z8
Phone: 514-355-5132
Email: info@cosme.ca

Phobie-Zéro
P.O. Box 83
Sainte-Julie, Québec J3E 1X5
Phone: 514-276-3105

Regroupement des Services d'Intervention de Crise du Québec
Roxane Thibeault, Group President
La Maison sous les Arbres centre, Châteauguay
2 boulevard d'Anjou Châteauguay, Québec J6K 1B7
Phone: 450-691-8882

Réseau Avant de Craquer
203-1990 rue Cyrille-Duquet
Québec City, Québec G1N 4K8
Administrative line: 418-687-0474 | 1-800-323-0474

Société québécoise de la schizophrénie
7401 Hochelaga
Montréal, Québec H1N 3M5
Phone: 514-251-4125
Toll-free: 1-866-888-2323 (only in Québec)
Fax: 514-251-6347
Email: info@schizophrenie.qc.ca

Tel-Jeunes
P.O. Box 186
Succursale Place d'Armes
Montréal, Québec H2Y 3G7
Phone: 514-288-1444
Fax: 514-288-6312

Specific characteristics of the target group	
Where they live	Mental illness can emerge at any point in life, so people with a serious mental illness could be living anywhere—at home or in independent residences with or without support, non-institutional resources (RNIs), intermediate and family-type resource (IR-FTRs), youth centres, CHSLDs, correctional institutions, community settings, group housing (e.g., room and board), or even on the street. They may be staying in transitional housing and using emergency food services (e.g., soup kitchens, food banks) on a daily basis.
Autonomy	People who are seriously mentally ill may have varying degrees of autonomy depending on their pathology, age, and socioeconomic status, and whether there is comorbidity of mental and physical illnesses. Therefore they may require more support from service providers or friends and family in order to cope.
Vulnerability	The following points should be considered: • Serious mental illness significantly increases vulnerability and the risk of mental deterioration. • Social distancing measures may: o Restrict access to some psychological support services usually received in person o Cause greater social isolation due to the weakening or absence of a support system o Make the person feel more vulnerable with respect to their ability to cope and self-motivate when they have no support o Cause financial hardship, which can lead to other concerns and the inability to obtain necessary

Specific characteristics of the target group	
	mental health care (e.g., psychological services, medication). The comorbidity of serious mental illness and chronic disease puts this client group at risk of developing complications from COVID-19. Increased risks associated with medication use: o **Clozapine:** Because of the intense side effects clozapine treatment can produce, it is only prescribed to people suffering from a psychotic disorder after other antipsychotics have failed. This includes clients with severe, persistent disorders, which pose greater risks. Mandatory regular blood monitoring must be performed or treatment will be stopped. Clozapine can cause a decrease in the patient's white blood cell count (neutropenia), putting them at much higher risk of COVID-19 infection. o **Injectable antipsychotic:** Some clients with severe, persistent disorders are treated with injectable antipsychotics. Because they are long-acting, they are used for patients who cannot follow an oral treatment regimen, usually due to non-compliance. For many patients, injectable antipsychotics are part of a court-ordered treatment plan.
Mobility	Serious mental illness can emerge at any point in life, so these clients can have varying degrees of mobility. The comorbidity of serious mental illness and chronic disease means that this client group's mobility may be significantly reduced.
Steps to take and services to provide	Protective measures for healthcare workers to ensure continuity of service: • Provide protective equipment (e.g., mask, gloves, hand sanitizer) to mental health teams so they can continue delivering the same services and ensure the client's safety. • Before any intervention, ask clients if they have experienced any signs or symptoms associated with COVID-19 and about their exposure criteria so the necessary precautions can be taken and they can be referred to the appropriate services. • Intervene remotely. • Provide psychological support to healthcare workers who are concerned about their health and that of their families.

Specific characteristics of the target group	
	Identifying and reaching out to vulnerable clients: • Update the list of mental health clients who are more vulnerable due to the immunosuppressive effects of certain psychiatric medications and adverse effects from social isolation and a scarcity of resources in a pandemic. • Try to identify individuals with a serious mental illness who are not currently receiving services and are highly vulnerable. • Send out mobile teams to promote access to care and services for isolated, distrustful, or disaffiliated clients. Priority interventions: • Make sure people have a clear understanding of the situation and take appropriate action (e.g., convey accurate and sufficient information, consider potential reactions, intervene in a timely manner). • Take into account people's concerns or indifference and offer the appropriate intervention for the situation at hand. Measures in the event of a disruption in mental health services: • Depending on the user's situation and that of their loved ones, consider having a friend or family member check in on them every day. See if the friend or family member can provide basic support as a caregiver. • Assess the risk of caregiver burnout and expand the institution's services as needed. • Plan for respite measures in the event a residential setting closes or there is a disruption in food service delivery or a human resources shortage. • Implement support and crisis management strategies. Measures associated with medication use: • **Clozapine and injectable antipsychotics:** Make sure the psychiatric outpatient clinic continues to monitor the client's injection treatment and blood work.
Additional information	The risk of decompensation is higher for clients with a psychotic disorder. Shorter, more frequent interventions with these clients are recommended.

Source:
Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

People who use psychoactive substances or have a substance use disorder and people who are homeless or at risk of homelessness

Approximate size of the target group

In Québec, past year use of psychoactive substances among the general population was 82.1% for alcohol and 9.8% for cannabis. The prevalence of use of other psychoactive substances (amphetamines, cocaine [crack], crystal meth [methamphetamines], ecstasy, hallucinogens [PCP, LSD, mushrooms], ketamine, non-prescription drugs, and glue [solvents]) among the Québec population was less than 2%.

As for disorders due to psychoactive substance use in Québec's general population, past year use was 2.7% for alcohol, 1.4% for cannabis, and 0.5% for other psychoactive substances.

An estimated 0.8% of Quebecers age 15 and up were injection drug users. The population with an opioid use disorder on the Island of Montréal was estimated at 5,000 people.

During the 2018–2019 fiscal year, 47,408 different clients received free specialized addiction services offered by rehabilitation centres in 16 regions of Québec. Some 21,672 people were housed in community or private residential addiction treatment facilities.[4]

Associations

The following associations work with people who use psychoactive substances or have a substance use disorder:

Association québécoise des centres d'intervention en dépendance (AQCID)
1610 6e rue
Trois-Rivières, Québec G8Y 5B8
Phone: 819-299-6151

Association des intervenants en dépendance du Québec (AIDQ)
1001 boulevard de Maisonneuve Ouest, Suite 420
Montréal, Québec H3A 3C8
Phone: 514-287-9625

Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD)
1555 boulevard René-Lévesque Est
Montréal, Québec H2L 4L2
Phone: 514-904-1241
Email: **info@aqpsud.org**

The provincial contact for people who are homeless or at risk of homelessness is:

Réseau solidarité itinérance du Québec (RSIQ)
105 rue Ontario Est, Suite 204
Montréal, Québec H2X 1G9
Phone: 514528-6466.

4These are not necessarily different people; some people may be counted more than once.

Specific characteristics of the target group	
Where they live	People who use psychoactive substances or have a substance use disorder and people who are homeless or at risk of homelessness can be found in a variety of living environments. Most people who use psychoactive substances or have a substance use disorder live at home, but a good number of them can be found in CISSSs and CIUSSSs that also act as addiction rehabilitation centres, providing residential rehab services or residential withdrawal management services. Many can also be found in community or private residential addiction treatment facilities. People who receive residential addiction services (in an addiction rehabilitation centre or residential addiction treatment facility) often have health conditions that make them more vulnerable. Their immune system may be compromised, which is of particular concern in a pandemic. People who are homeless or at risk of homelessness (many of whom are struggling with addiction) can be found in: • Public places (e.g., parks, subway) • Emergency shelters and transitional housing • Winter shelters • Day centres • Soup kitchens People who spend the night outdoors or use emergency services are particularly at risk because of overcrowding (e.g., dormitory beds, communal showers) and challenges associated with hygiene.

Specific characteristics of the target group	
Autonomy	The lack of control that homeless people and people with a substance use disorder have over many aspects of their lives and health is one of their defining characteristics. They may have had bad experiences within the health and social services system, and be resistant to any form of help, support, or care as a result. They need encouragement and support from workers, volunteers, or peer supporters who they trust.
Vulnerability	There are a number of factors that make people who have an addiction or engage in risky behaviour and people who are homeless or at risk of homelessness particularly vulnerable, including fragile physical health, mental disorders, isolation, poor hygiene, premature aging, and limited financial means. Note that: • The use of psychoactive substances is associated with more than 80 diseases and traumas, including chronic and infectious diseases such as cancer, cirrhosis of the liver, human immunodeficiency virus (HIV), and hepatitis A, B, and C, as well as mental disorders (Fleury, Giroux, Ménard, and Couillard, 2015). • Psychoactive substance use and homelessness can speed up the aging process (e.g., loss of physical autonomy, cognitive deficit). This target group is therefore one of the most vulnerable to infection. People without a stable, healthy and safe place to live are particularly vulnerable and often disaffiliated. Disaffiliation—a problem that affects the homeless population in particular—is characterized by: • Exclusion manifesting as loneliness, a sense of being an outsider with respect to family, school, or work, low self-esteem, mistrust, etc. • Instability manifesting as stress, fear, insecurity, anxiety, helplessness, etc. • Comorbidity, with physical, mental health, and drug addiction problems piling up

Specific characteristics of the target group	
Mobility	A high level of mobility is a key characteristic of homeless people. Residential instability, precarious living conditions, and the search for services are factors that lead these people to move from one facility, neighbourhood, or city to another. This mobility is an important dimension to keep in mind in a pandemic. Because of their health issues, homeless people have a much higher risk of contracting COVID-19. Many have no access to any means of transportation or the financial resources to use public transit.
Steps to take and services to provide	Work with community organizations to develop joint intervention mechanisms tailored to the reality and needs of people who use psychoactive substances or have a substance use disorder and people who are homeless or at risk of homelessness. Specific actions and services: • Inform community organizations of the hygiene measures to be put in place to prevent the spread of COVID-19 and provide them with the necessary equipment. • Train facility staff to screen people for symptoms associated with COVID-19. • Place a worker or supervisor at the entrance to emergency homeless shelters and other related services (e.g., winter shelters, day centres) to check for symptoms associated with COVID-19. • Send out street outreach teams (institution- and community-based teams). • Make space available to isolate people living in the community system who have symptoms associated with COVID-19 or adapt existing facilities, when possible, to prevent the spread of the virus (e.g., common kitchens, common bathrooms). • Provide transportation to take homeless people to the site designated for people with COVID-19 symptoms. • Send medical personnel out to shelters and facilities (e.g., emergency housing services for people who are homeless). • Make arrangements to facilitate transport to designated COVID-19 screening clinics.

Specific characteristics of the target group	
Additional information	Québec's national policy to fight homelessness (2014) defines homelessness as being "a process of social disaffiliation and a situation of social exclusion characterized by a person's difficulty in having a stable, safe, adequate, and healthy home due to a lack of housing or his or her inability to maintain one and, at the same time, in maintaining functional, safe, and stable relationships in the community. Homelessness is explained by a combination of social and individual factors that constitute the life experience of men and women."

Source:
Direction générale des programmes dédiés aux personnes, aux familles et aux communautés

Vulnerable populations requiring special attention in the COVID-19 pandemic: Priority needs and services

In-home support – Broad-based information for all clients and different arrangements for delivery services

Approximate size of the target group

- In-home support is not a service and support program in and of itself, but a way of meeting the needs of people who use such programs.
- In 2018–2019, 359,772 clients received in-home support.

Specific characteristics of the target group	
Where they live	There are four types of home support services: home assistance services (including personal assistance services and services to help with instrumental activities of daily living), professional care and services, services for iInformal or family caregivers, and technical support. These services are designed to help clients stay in their home, depending on their and their loves ones' needs. **In-home support is intended for:** Anyone, regardless of age, who has a temporary or persistent disability, the cause of which may be physical, psychological, or psychosocial, and who must receive some or all of the services that their condition requires at home or in another living environment. In-home support is also offered to family members. **A home is defined as:** The place where the client chooses to live, without having recourse to the mechanisms of access to a residential facility, i.e., the place where they reside temporarily or permanently, whether it is: • A house • A room or an apartment in: - Any form of private or community-based group housing (including low-income housing, a non-profit housing organization, cooperative housing, etc.) - A private seniors' residence Other living environments are defined as: • The place where a client resides (when this place is not considered a home, as defined above), either permanently or temporarily OR • The different places where the client carries out their social roles and practises living habits
Autonomy	In-home support services can meet the needs of clients through service and support programs designed to serve the general population:

Specific characteristics of the target group	
	• Public health • General services–clinical and assistance activities And through service and support programs that deal with specific issues: • Support for independent seniors (SAPA) • Physicial disabilities (PD) • Intellectual disabilities and autism spectrum disorders (ID/ASD) • Mental health • Physical health (including palliative and end-of-life care) • At-risk youth • Addiction * A broad range of clients with varying levels of autonomy may require in-home support. For information on the autonomy of the clients being served under various service and support programs, consult the specific fact sheets for these target groups.
Vulnerability	• The age or state of health of in-home support clients makes this target group vulnerable to varying degrees.
Mobility	• The age or state of health of in-home support clients makes this target group mobile to varying degrees.

Source:
Direction générale des aînés et des proches aidants

In-home support – Information specific to outside service providers (social economy enterprises for in-home support services [EÉSADs], community organizations, and private organizations providing in-home support services)

Approximate size of the target group

- 101,024 clients receive in-home support services from a social economy enterprise under the Financial Assistance Program for Domestic Help Services. However, that number does not represent all individuals receiving services from a social economy enterprise.
- Of that number:
  - 69% are single
  - 74% are low-income households
  - 78% are seniors age 65 or older, 55% of whom are over age 75
- 101 social economy enterprises are recognized under the Financial Assistance Program for Domestic Help Services.
- 8,700 domestic helpers work in social economy enterprises.
- The services provided by outside service providers are often essential to keeping in-home support clients in their homes.

There is no data available for community organizations and private organizations that provide in-home support services.

Associations

Réseau de coopération des entreprises d'économie sociale en aide domestique
155 boulevard Charest Est, Suite 190,
Québec City, Québec G1K 3G6
Phone: 418-622-1001
Coalition des tables régionales d'organismes communautaires (Coalition des TROC)
Québec, Canada
Phone: 450-347-4110
Email: coalition-trocs@b2b2c.ca

There is no association for private organizations providing in-home support services.

Specific characteristics of the target group	
	Support outside service providers before the emergence of the pandemic so domestic helpers are informed and trained on safely delivering services and taking appropriate security measures in a pandemic.
Steps to take and services to provide	Make sure outside service providers are prepared for the pandemic.

Specific characteristics of the target group	
	• In the event arrangements are made with the institution for outside service providers to deliver services to clients who have COVID-19 or are highly vulnerable, make sure the providers have sufficient and appropriate personal protective equipment and are trained on using it. • Plan to deliver additional ad hoc in-home support services to address any shortcomings on the part of outside service providers. • Plan to deliver tailored services if an outside service provider identifies someone whose state of health requires a higher level of service. * For in-home support clients whose services are provided by the institution, not outside providers, refer to the specific information sheets for these clients.
Additional information	• Since outside service providers are employers, they must meet their responsibilities as employers, including identifying any staff affected by the pandemic and managing them appropriately. • To tailor in-home support services in the COVID-19 pandemic, refer to the specific guidelines sent to institutions.

Source:
Direction générale des aînés et des proches aidants

Vulnerable populations requiring special attention in the COVID-19 pandemic: Priority needs and services

In-home support – Direct allowance/service employment paycheque service delivery arrangement

Approximate size of the target group

- 12,632 in-home support clients receive services under a direct allowance/service employment paycheque arrangement. That number includes:
  - 5,085 under the direct allowance program
  - 982 under the ID/ASD program
  - 5,760 under the SAPA programo

  217 with a chronic disease
  - 573 in palliative care
  - 15 for mental health

- 21,958 workers are employed privately by clients to provide certain in-home support services through a direct allowance/service employment paycheque arrangement.

Associations
N/A

To help CISSSs and CIUSSS connect with workers employed privately under a direct allowance/service employment paycheque arrangement, visit the following page, which also includes mandatory guidelines they must follow: https://www.quebec.ca/en/family-and-support-for-individuals/assistance-and-support/service-employment-paycheque-an-arrangement-for-the-delivery-of-home-care-support-services/.

Specific characteristics of the target group	
Steps to take and services to provide	• Plan to support clients in their role as employers before the emergence of the pandemic by informing them of their responsibilities as employers and of the appropriate security measures to be taken in light of the pandemic. • Make sure clients are prepared for the pandemic. • Plan to deliver additional ad hoc in-home support services to address any shortcomings on the part of the direct allowance/service employment paycheque arrangement.
Additional information	• The direct allowance/service employment paycheque arrangement allows clients to select and hire, within certain parameters, their own domestic helper to deliver in-home support services. • Under this arrangement, clients acquire the status of employer as defined in the *Act respecting labour standards* (CQLR, Chapter N-1.1) and must fulfill the responsibilities associated with that role.

Specific characteristics of the target group	
	ɔ tailor in-home support services in the COVID-19 pandemic, refer to the specific guidelines sent to institutions.

Source: Direction générale des aînés et des proches aidants

Caregivers regardless of the age or nature of the disability of the person they care for

Approximate size of the target group

In Québec, in 2012, approximately 1,675,700 people, or 25% of the population age 15 and over were iInformal or family caregivers (Lecours, 2015). Informal or iInformal or family caregivers provide 75% of the assistance required by people with disabilities (MSSS, 2003). Age-related issues are the reason for providing care most frequently mentioned by caregivers in both Québec (17%) and Canada (28%) (Sinha, 2013).

However, there are many other client groups who need assistance from a iInformal or family caregiver on an ongoing or occasional basis, such as people with a physical, intellectual, or autism spectrum disorder, people with cancer, cardiovascular disease, mental health problems, or addiction, and people who are homeless.

Associations

Appui national
5165 rue Sherbrooke Ouest, Suite 208
Montréal, Québec) H4A 1T6
Website: https://www.lappui.org/

RANQ
3958 rue Dandurand, Suite 22
Montréal, Québec H1X 1P7
Website: https://ranq.qc.ca/

Specific characteristics of the target group	
Where they live	For more than three out of four iInformal or family caregivers, the person they care for lives in a private home. For the remainder, the care recipient lives either in an institution or residential care facility (15%) or in supportive housing (8%). Most iInformal or family caregivers live close to their primary care recipient: 17% in the same household (27% in the case of women age 65 and older), 48% in the same neighbourhood or community, and 18% within an hour's drive. Fewer than 15% of iInformal or family caregivers live farther than one hour from their primary care recipient. The needs of caregivers looking after people in residential care are often overlooked and ignored because of the belief that housing automatically lessens the physical or psychological burden on the caregiver, but they are still vulnerable. They may need support in their role, whether they are caring for someone at home, in a private seniors' residence (PSR), or in a public or private residential setting. These points should be taken into consideration in a pandemic.
Autonomy	Informal or iInformal or family caregivers may provide various types of assistance to a recipient, including help with activities of daily living and instrumental activities of daily living, emotional support, coordination and management of required assistance and care, social support, participation, and social and economic inclusion. The more autonomy the person being cared for loses and the greater the scope of the care to be provided, the greater the risk of physical exhaustion and psychological distress (Larouche, 2018). Moreover, iInformal or family caregivers often burn out before seeking help, and by the time they have requested assistance, there may be delays.
Vulnerability	Although it can be very rewarding and fulfilling to provide care to a loved one, the responsibilities assumed by iInformal or family caregivers can have a significant impact on their physical and psychological health, personal finances, work life, and relationships with family, friends, or the person they are caring for, not to mention the various social roles they fill (e.g., parents, workers). Note that many iInformal or family caregivers do not necessarily see themselves as caregivers and tend to seek help only when they are already in distress or burned out. Therefore iInformal or family caregivers should be considered a

Specific characteristics of the target group	
	population group whose vulnerability is likely to be exacerbated in a pandemic with respect to: • The toll the roles and responsibilities they assume can take on different dimensions of their lives • Service suspension, which can put additional pressure on caregivers, increase their burden, and expose them to greater physical or psychological burnout • Their fragility, which in a pandemic can increase their stress level and lead to problems such as anxiety, depression, and post-traumatic stress • Isolation, since, in carrying out their responsibilities as caregivers, they often overlook their own needs and spend less time with family and friends Prohibiting visits by loved ones in private or public residential settings, social distancing measures, and self-isolation for persons under investigation or who have tested positive for COVID-19 risk isolating iInformal or family caregivers and adding to their distress and the risk of burnout.
Mobility	Mobility is an important issue for iInformal or family caregivers who regularly have to travel to meet the needs of the person they care for. When they live with that person, iInformal or family caregivers very often need respite services to meet their obligations—services that can be more difficult (if not impossible) to obtain in a pandemic. As a result, iInformal or family caregivers may be at a higher risk of contracting or transmitting the disease to their loved ones, or they may find themselves isolated at home and have difficulty obtaining basic necessities (e.g., food, medication).
Steps to take and services to provide	**For community outreach services** • Create a dialogue between the CISSS/CIUSSS and local organizations and encourage efforts to prevent iInformal or family caregiver burnout and make sure in-home support can be maintained for the people they care for. - Facilitate the identification of iInformal or family caregivers who are particularly at risk[5] and implement or ramp up services for them.

[5] Pay particular attention to signs of caregiver burnout such as sleep problems, physical ailments, feelings of sadness, significant changes in mood or behaviour, tension between the caregiver and the person being cared for, loss of appetite or weight loss, and difficulty concentrating or memory loss.

Specific characteristics of the target group	
	For services in PSRs and residential settings • If visits are prohibited, find ways to maintain the connection between loves ones and the people they support to reassure them and reduce the potential increase in stress due to pandemic-induced social isolation and fear. Bereaved loves ones may need a referral for psychosocial support. - Continue providing access to phones and other means of communication to maintain the connection between caregivers and care recipients.
Additional information	

Source:
Direction générale des aînés et des proches aidants

Tool 1
Guide to Prioritizing Vulnerable Clients During a Pandemic for Use by Managers, Professionals, and Healthcare Service Providers

March 2020

The pandemic is having serious repercussions on Quebecers' health and wellbeing. While most people have the resources they need to cope, some are experiencing more serious physiological and psychological effects. People's stress level increases considerably in a pandemic and they may have difficulty adapting physiologically and psychologically, resulting in medical complications, health deterioration, burnout, anxiety, depression, and post-traumatic stress. Many individuals may also be grappling with socio-economic issues. These factors make certain population groups more vulnerable.

In an emergency, and especially in a pandemic, health and social services institutions and partners must work together to ensure the accessibility, continuity, and quality of services. Healthcare institutions must be particularly attentive to the needs of their most vulnerable clients.

In that regard, the purpose of this document is to provide guidelines for prioritizing the client groups healthcare institutions serve. This will ensure that special attention is paid to vulnerable people and services are maintained or added as needed.

At the same time, the pandemic has created an increased workload. Services must be maintained for existing clients or delivered to new clients to meet their basic needs. It is also highly likely that staff will be affected by the pandemic as well, which may lead to problems in the organization of services. Institutions will have to review their priorities for intervention, among other processes and procedures.

Who is this guide for?

This document is intended as a guide for managers, professionals, and workers in health and social services institutions who work with clients in outreach or specialized service and support programs.

The goal is to help them identify clients who should be **prioritized for service delivery** during the pandemic.

This will allow CISSS/CIUSSS managers to predict what impacts the pandemic might have on known client groups and plan the organization of services accordingly. To do this, the institution's administrative staff must have access to the list of people who have registered as backup staff and the employee recall list.

Objective of prioritizing clients

Once psychosocially vulnerable clients have been identified, prioritizing them makes it possible to tailor the organization of services and thereby meet their most pressing needs. This is done by giving relevant service providers a form they can use to identify the clients who should receive special attention and priority services. Institutions must also think about individuals who have requested services but are still waiting to receive them.

Prioritizing clients – Types of vulnerability

This step involves analyzing client groups affected by the pandemic based on their vulnerabilities, which restrict their ability to ask for or obtain help due to socioeconomic constraints, difficulties related to their physical, cognitive, or psychological health, or their exposure to the pandemic. There are three main dimensions of vulnerability: being *fragile*, *disadvantaged*, or *exposed.*

Being ***fragile*** refers to the vulnerability of individuals in terms of their physical and psychological health. The fragility of their situation undermines their emotional stability and resistance to stress. Stressful events such as a pandemic can cause a stronger emotional response and transient or lasting disruption for these individuals.

Being ***disadvantaged*** refers to a person's economic and financial vulnerability. Many of these individuals will have difficulty coping with the economic impact of the pandemic. They may feel more stress as a result of the economic downturn (leading to employment concerns) and higher prices for basic necessities such as food and transportation. Consideration must also be given to socially disadvantaged clients (e.g., weak social system, isolation, lack of support from loved ones).

Finally, being ***exposed*** refers to the stress factors people face. The more stress factors and the more intense they are, the greater the risk that someone's personal resources will not be enough. These people are more vulnerable than others when it comes to their wellbeing. This is frequently the case for health and social services workers, iInformal or family caregivers, and people directly exposed to the virus. Their exposure to the pandemic leads to increased stress, including fear of death. There are three levels of exposure:

Primary exposure:

- People affected by the disease and in preventive self-isolation, with or without complications

Secondary exposure:

- Friends and family of a person infected with the disease
- People who have lost a loved one (e.g., bereaved family)
- People who had close contact with a person infected with the disease, waiting to see if symptoms appear

Tertiary exposure:

- People in the general population who are affected by the experience, as reported in traditional, social, and other media outlets

•

Identifying known clients (active cases)

The next step is to ask the relevant service providers to pay special attention to vulnerable clients who are active cases.

Recommended procedure:

- First, draw up a list of known clients (active cases) and clients waiting for services. Client information systems such as I-CLSC, SIC-SRD, SIPAD, RSIPA, PIJ, DMÉ, and SIC-PLUS can be used to facilitate this task. Specific queries already developed based on these systems can be used to provide managers with a list of each service provider's clients.

- This list should then be given to the healthcare service provider along with the form and instructions.

- The provider will prioritize the delivery of services by taking into account the types of vulnerability and risk factors specific to each client group and take appropriate measures to ensure intervention tailored to their needs. An action plan must be developed for non-priority clients to make up for the lack of service.

- The service provider will send a copy of the priority client list to the institution manager so they can assess the scope of the impact of the pandemic on known clients and plan staffing accordingly.

Client prioritization form and instructions for healthcare service providers

Appendix 1 contains instructions for healthcare service providers on how to identify and prioritize known vulnerable clients. Institutions may use their own tools to prioritize vulnerable clients or use the Excel file that will be sent with this tool. Note that MSSS adapted this tool from the one produced by CIUSSS de l'Ouest-de-l'Île-de-Montréal. Another example is provided in Appendix 2.

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