

**COVID-19
IMPACTS ON POPULATIONS AS REPORTED
BY COMMUNITY ORGANIZATIONS - PART 1**

Increase in Isolation and Distress

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Community organizations are deeply rooted in the communities they serve, giving them first-hand insight into the impacts of the COVID-19 crisis on the population. The different autonomous community action (ACA) sectors have published several studies illustrating the impacts of the pandemic on their target populations, advocating for their needs and rights.

The Observatoire de l'ACA has studied the **impacts of the COVID-19 crisis on populations as reported by community organizations**. Three main issues have been identified through the analyses:

-  **Increase in isolation and distress**
-  Loss of access to information and resources
-  Increase in financial precarity

This report presents results regarding the **increase in isolation and distress** for different populations. At a time defined by uncertainty and the imposition of a generalized lockdown that banned all gatherings, nearly all community groups (97% of IRIS survey respondents) found an increase in isolation and anxiety in the target populations between April and June 2020.

Using data from a review of existing reports and studies, from a survey conducted by the Institut de recherche et d'informations socioéconomiques (IRIS) in the fall of 2020 and from focus groups with community organizations in the winter of 2021, this report presents the impacts of the COVID-19 crisis on isolation and distress in populations.



RISING INEQUALITY

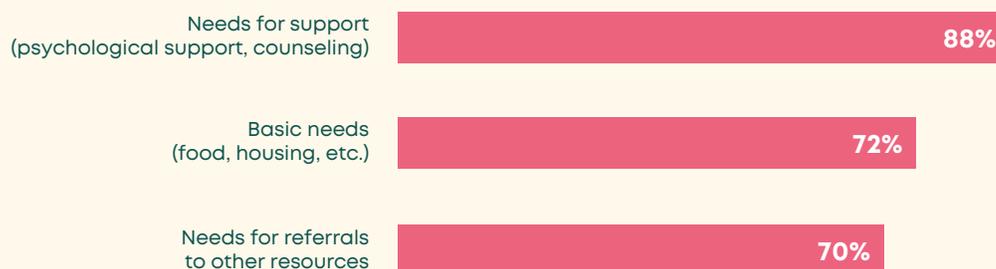
The COVID-19 crisis was provoked by the propagation of a virus and directly affects physical health. As a result, it has required the implementation of health measures and has monopolized the health care system's biomedical resources. Nevertheless, the measures put in place to limit the spread of the virus have also had significant effects on **all the contributing factors of health and well-being** of the population.

Since the beginning of the crisis in March 2020, many people have found themselves in difficult financial and social situations due to loss of employment and income, as well as from isolation linked to public health measures. For individuals already experiencing poverty, the crisis has further **exacerbated their social exclusion** and **threatened their survival strategies**. Moreover, they were often unable to access the relief programs put in place. In addition to these difficulties, their living conditions put them at a higher risk of contracting the virus. For example, in Montréal, the number of COVID-19 cases is nearly two and a half times higher for individuals living in very low socioeconomic areas compared to those living in very high socioeconomic areas.

Data from an IRIS survey on the first lockdown (April to June 2020) show that most community groups noticed a **significant increase in material, psychological and social needs** of the populations and communities they serve, exceeding organizations' capacity for actions to an unprecedented extent.



Percentage of community groups that saw an increase in the following needs among populations reached



Source: The data were drawn from a survey conducted by the Institut de recherche et d'information socio-économiques (IRIS) from October 23 to December 14, 2020 among autonomous community action organizations in Quebec.

Populations who experience multiple forms of oppression and are already marginalized, such as seniors, young people, people experiencing homelessness, people living with a disability, people living in poverty, incarcerated individuals, etc., have faced new challenges brought on by the public health measures and difficulties accessing public services. In addition to these groups, women, immigrants and people from racialized communities have been affected by the crisis in specific and disproportionate ways, some due to their over-representation in essential services and others due to living conditions that have made the application of new public health measures difficult.

IMPACT ON MENTAL HEALTH

At a time marked by uncertainty and risk for transmission of the virus, and with the imposition of a generalized lockdown that banned all gatherings, the population has had to manage **a lot of anxiety**.



There was the whole isolation issue. Over the summer, people told us that “needing to isolate in your suburban house with your yard and everything is one thing but isolating in a one and a half without a balcony is a whole other story”. Those people really suffered from isolation.*

Group from Montréal



In a brief on the psychological consequences of COVID-19 on mental health, the *Ordre des psychologues du Québec* reports an increase in anxiety, depression and substance abuse issues, especially among First Nations, young people, seniors and health care workers. The brief also highlights the **urgent need for accessible psychological and mental health services**.

Psychological distress has continued to increase as the crisis drags on. Multiple organizations noted that some people who were able to tolerate the first lockdown relatively well saw their mental health decline in the fall of 2020 and the winter of 2021. Given these data, many community groups are worried about the long-term impact of this prolonged social isolation.



Isolation has really ground down the mental health of many women—we can feel it. Maybe they had some tools to last a few months, but at this rate, it’s too much for people’s mental health.*

Group from Montréal



WOMEN ON ALL FRONTS

According to community organizations reached by the Observatoire de l'ACA, women have been especially affected by this crisis. Not only have they been on the front line ensuring essential services, but they have also been disproportionately affected by the crisis' economic impact, and responsible for managing a family life that was completely destabilized by lockdowns and public health measures. Organizations have observed a positive correlation between these issues and women's **mental health** being much more vulnerable, increasing their need for support.

The COVID-19 crisis has had a major impact on women's traditional roles and responsibilities. Their **invisible labour** and **mental load** increased as the stress of the pandemic took its toll; their professional tasks became more complex; balancing family, work, and school remained difficult; and domestic chores, parenting, and family caregiving piled on.



The whole gendered separation of work and emotional labour that falls onto women really affected their mental health.*

Quebec-wide umbrella organization



Women have been on the front line ensuring essential services, and therefore run a higher **risk of contracting the virus**. In August of 2021, in Quebec, while there were fewer women than men hospitalized and admitted to intensive care due to COVID-19, women represented 52.5% of confirmed cases and deaths related to the virus. Given that women tend to live longer than men, they outnumber men in the age group most affected by the virus. They also tend to work more often in sectors deemed essential, where they are in contact with the public and telework is less common. Women, and disproportionately immigrant and racialized women, make up the majority of nurses, orderlies, educators and teachers, cashiers and servers, etc. In addition to the risk this work poses to their physical health and that of their loved ones, working in these fields that are in high demand during the crisis puts them at risk of burnout and threatens their mental health.

Having access to **childcare services** has been a crucial issue for women during the crisis. For many essential workers, including those involved in autonomous community action organizations, it has been extremely difficult to access emergency childcare services put in place by the government. For example, when interviewing parents who wished to register their children for emergency childcare services, the *Table de concertation des organismes au service des personnes réfugiées et immigrantes* (TCRI) found that 93% of parents were denied access due to their status of asylum seeker, even though they were supposed to have access to these services during the COVID-19 crisis.

Even **teleworking**—for those who have the option to work remotely—poses significant challenges. Telework was implemented quickly and with little notice, in conditions that were less than ideal, especially in terms of spatial and material needs. This sudden shift happened in tandem with childcare services and schools closing, making telework practically impossible to balance for mothers. The *Conseil d'intervention pour l'accès des femmes au travail* (CIAFT) showed that telework operates in asymmetrical conditions especially influenced by gender.

Gender-based violence and family violence have also increased during the crisis. Some women were victims of intimate partner violence for the first time. For women who were already experiencing intimate partner violence, lockdowns, generalized stress and curfew exacerbated existing tensions. In early 2021, Quebec saw a significant increase in femicides that left a lasting impression: in the province, a woman was killed by an intimate partner or ex-partner every week for ten weeks. According to a survey conducted by the *Regroupement des maisons pour femmes victimes de violence conjugale* between July and November 2020, 42% of respondents said that the violence they had experienced had been greater over this period of time; 43.5% said that it was more frequent, and 43% said that their children had been victims of violence during the lockdown. Some groups, however, have reported a lower number of calls for help during the first lockdown. This decrease can be attributed to the fact that isolating with an intimate partner and children limits possibilities to safely get in touch with resources. Similarly, the first lockdown led to fewer reports to Youth Protection Services.

Women living with a disability have also experienced more gender-based violence and ableist violence from their caregivers, family members and partners during the crisis.

When intervening in situations of violence, women were even more isolated. There aren't shelters everywhere, they couldn't access transportation. There were a lot more calls about violence, couples, women over 75 years old who had never experienced violence: "My husband has never been violent, but all of a sudden, I don't understand him anymore". They didn't know where to turn anymore and didn't want to go to shelters, saying things like: "No, my husband has never been violent. He's not a violent man—it'll pass". We were sort of at a loss with all these situations.*

Group from Montérégie

ISOLATED AND STIGMATIZED SENIORS

In Quebec, people aged 60 years and older represent 97% of registered deaths related to COVID-19. Government discourse and public health measures with the goal of limiting the risk of viral transmission to this population group have had serious **collateral consequences** on many seniors.

While the catastrophic situation in long-term care residential centers (CHSLDs) was brought to light during the pandemic, this is less the case for the situation of **seniors living at home**. However, they have faced significant isolation, sometimes paired with major challenges in overcoming the digital divide.

In addition to these situations, government discourse has sought to limit the exposure of people in this age group by isolating them as much as possible: for example, through the imposition of drastic measures in private seniors' residences (RPAs) which has also led to seniors being **stigmatized**. Many of them have experienced **discrimination** when accessing different essential services like grocery stores, or even in public spaces, during walks outside. These experiences have occurred all while public discourse has been emphasizing the old age of people affected, effectively minimizing the impact of the crisis. Many seniors have consequently felt as though their life has lost significance or is seen as less important in the eyes of society.

Last year, in early April, I became old all of a sudden, because of what was being hammered into us: "Old people, stay home". For seniors, you couldn't go outside, you couldn't even do your groceries. It took me a while to recover from that.*

Group from Saguenay-Lac-Saint-Jean

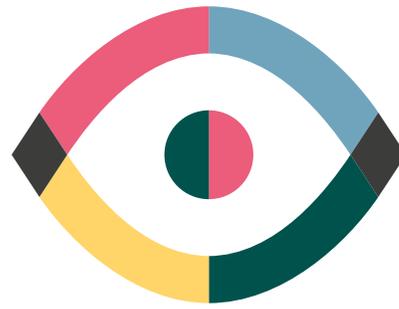
Community organizations also noted a **deterioration of the overall health** of society's most isolated seniors. Lockdowns in small spaces, rooms or homes do not allow them to maintain their physical health, and the ensuing lack of stimulation threatens their cognitive abilities.

In the summer of 2021, in-person gatherings shed light onto a deterioration that isn't as noticeable over the phone. For this reason, current closures and those to come are very much a cause for concern.



When we reopened, I was shocked. On the first day, I was at the door all day to welcome people and see them. I remember thinking to myself that some people's capacities had declined so much, it was unbelievable: trouble walking, trouble speaking. I looked into their eyes and could see that they weren't okay! This loss of physical abilities, how many of them deteriorated, how many lost them for good? It's outrageous!*

Group from Laval



FAMILY CAREGIVERS LEFT TO FEND FOR THEMSELVES

When the crisis began, family caregivers, many of whom are seniors and women, often kept to a strict lockdown protocol to limit the risk of transmitting the virus to the vulnerable people they cared for. As the crisis continued, requests for help piled up and their **exhaustion** increased.

As of September 1, 2021, 18 months after the crisis began, 11,246 deaths had been attributed to COVID-19 in Quebec. Many individuals and families have lost loved ones in especially harrowing conditions of isolation, making the **grieving process** even more difficult. The crisis has added a layer of complexity to grief, even in cases unrelated to COVID-19, given how much harder it is to rely on personal support networks and support resources. Community organizations that support and help seniors, family caregivers, and people who are grieving have spoken about the challenges they've encountered. The distress experienced by loved ones is accentuated due to a more difficult grieving process.



Our participants are very elderly. One out of two of them was very sick. There's the whole aspect of death, grief and hospitalizations. In the first wave, it was a real problem: "He'll die all alone, I won't be there". When they were hospitalized, people were being turned away from emergency rooms: "No way, you can't be in here with him". It was very hard for seniors, family caregivers who were dedicated to their care 24/7, and then in the last days, it's over, and you're not allowed to be there anymore...*

Group from Laval



INDIVIDUALS LIVING WITH A DISABILITY ECLIPSED

In addition to experiencing the failures of the health care system (see the [Impacts on Populations - Part 2](#) report), people living with a disability have felt **disregarded** throughout the crisis.



The government hasn't talked a lot about disabled people. It talked about seniors, about everyone, but disabled people have been forgotten throughout the pandemic.*

Quebec-wide umbrella organization



The accessibility needs of people living with a disability were barely taken into account before the pandemic—and the crisis has made the situation even worse. Many people have felt that the government **lacked sensitivity and openness, failing to listen** to individuals' lived experiences. For example, public health took a long time to recognize that some people living with a disability can't wear a mask and can therefore be exempt from this rule. The same thing happened with clear masks, which are important tools for individuals who need to see facial expressions to communicate, as is the case for people who are Deaf or hard of hearing and some people with autism.

Many individuals living with a disability were already experiencing heightened physical and social **isolation** before the COVID-19 crisis. The crisis has exacerbated the situation by limiting their contact with the outside world even more. For people who routinely access resources and who require frequent physical contact, the impact of isolation on mental health has been significant, especially for people living with an intellectual disability and people living with an autism spectrum disorder (ASD).



Our members have found it very difficult to not be in person. They're ready for this to end to be able to dance and meet over coffee. They miss their friends. We have members who live alone, and they find it long and very difficult.*

Group from the Laurentides



YOUNG PEOPLE AND FAMILIES IN LOCKDOWN

According to community organizations reached by the Observatoire de l'ACA, families have also faced challenges with the public health measures. Young people and parents have had to be extremely adaptable during the different phases of the crisis, especially when childcare services and schools could not be attended in person anymore. Many families were required to undergo mandatory quarantine periods even after schools reopened, often in succession, due to suspected exposure to the virus. Additionally, many public health measures do not consider the **complexity of families' living conditions**, such as single-parent families without access to childcare, couples who are in the process of separating, couples who have shared custody, etc.

Families reached by community organizations have felt extremely **isolated** from institutional networks (childcare, schools and health care) and from their personal and family support networks. It became impossible to receive help from people who were outside of the family bubble. For young parents who have had a newborn during the crisis, the feeling of isolation has been even higher at times. Similarly, for single-parent families, most of which are headed by women, the lack of outside support has been a major obstacle.

Many parents have also faced significant **financial stress** due to loss of income, while feeling the pressure that comes with filling **multiple roles** at home and shouldering responsibilities related to work, family, parenting, education, etc. According to a study conducted between March and April 2021 by the *Coalition pour la conciliation famille-travail-études* (CCFTÉ), 7 out of 10 people said they faced challenges when trying to balance their different roles during the pandemic. In a press release issued on June 1, 2021, the CCFTÉ spokesperson explains that *“apart from women and individuals working in essential services, the pandemic also significantly affected student parents and single-parent families who found it hard to balance their different roles. Family caregivers, blended families, people who work outside normal working hours and ethnocultural communities also faced serious challenges. These aspects haven't been discussed much since the public health crisis started”**.



We also sensed a lot of guilt coming from parents who suddenly felt like bad parents, bad workers and bad partners, because they couldn't dedicate themselves fully to each role.*

Group from the Bas-Saint-Laurent



In general, the crisis has sparked **conflicts** within families. When there were already tensions in a family before the crisis, lockdowns have magnified them, especially for young people from LGBTQIA2+ communities (lesbian, gay, bi, trans, queer, intersex, asexual and Two-Spirit individuals), and families who are at risk for violence. The curfew imposed in early 2021 added pressure to already difficult family dynamics. Community organizations are concerned about the vulnerability of children in families: for example, worrying about negligence or lack of stimulation.

According to the community organizations reached, educational institutions were not ready to support distance learning and ensure the **academic success** of children and young people. Needing to do distance learning has been a major challenge for all families. For large families and families that live in cramped apartments, it was nearly impossible to do at-home schooling properly. In addition to these factors, more financially precarious families have faced an even bigger challenge: getting the necessary supplies. Distribution of electronic devices by school systems has been varied from one sector to another. At-home schooling has been even more difficult for children whose parents speak neither French nor English. Many children have been out of school for fairly long periods of time. In the short, medium and long terms, many community groups worry about an increase in academic failure and dropout rates. Such situations will further exacerbate existing inequalities between students based on their background.



A family might have Internet access but might not necessarily have a computer for everyone to be in class at the same time. Many families have said: “I have a computer and an Internet connection, but I use it for work, and I have four kids. I don’t have four electronic devices. They all have class at the same time. They don’t go to their classes, that’s the choice we made”. So there are kids who haven’t been in school at all.*

Group from the Laurentides



When the crisis began, some young people liked having the opportunity to stay at home. The lockdown was a positive relief at first, especially for those who were victims of bullying outside their home. Community organizations that work with young people have, however, reported an increase in **mental health** issues over time. For example, community groups have noted that young people who didn’t know how to fill their time and felt isolated turned to high-risk behaviours, such as alcohol and drug use, self-harm, etc.

Some young people who were usually accessing support through community organizations fell

into periods of disorganization and experienced abandonment due to the crisis. They were kicked out of their homes during the day or during quarantines, without having anywhere to go. Young people in youth centres were in lockdown and couldn’t be in touch with their families.

As the crisis continued, a feeling of isolation took root. As of the fall of 2020, many young people expressed feeling “online fatigue” and wished to get back to connecting in person. According to community organizations, being online is not the best solution for young people, especially over long periods of time.

Young people were left to fend for themselves and, at the same time, had nowhere to go. They couldn’t go to friends’ houses, so they found themselves in all kinds of situations. There were young people who we had been working with for a long time and were stable, but they started getting disorganized because they were more isolated, began attempting suicide again, self-harm, things they had stopped doing for at least a year.*

Group from Laval



RACIALIZED COMMUNITIES IGNORED OR BLAMED

Racialized communities and immigrant populations have been particularly affected by this crisis, especially considering the higher rates of infection in areas that are economically disadvantaged with predominantly racialized populations.

A study conducted in the spring of 2020 with key informants who work closely with people from racialized communities or who have recently immigrated to Montréal highlights how *“being vulnerable during the pandemic is linked to **several economic and social factors that intersect**, including: being at a socio-economic disadvantage, working a job that has a high risk of COVID exposure, being an allophone, having a low level of literacy, having a precarious immigration status, having arrived recently, and/or being the target of racism”**.

Many people from these communities have experienced **racist comments and actions** directly related to the crisis. In a study conducted by Statistics Canada, more than a quarter of respondents have experienced discrimination or been treated unjustly during the pandemic. Members of the Chinese community, as well as people of Asian descent more broadly, have been the target of hateful behaviour in person or online. They have had to face challenges brought on by the crisis while dealing with this additional stress, contributing to a loss of trust in institutions.

People with precarious immigration status, including asylum seekers, temporary workers, international students and people without legal status have been stuck in Quebec due to border closures, without access to health services in the middle of a health crisis, and denied access to other support programs (subsidized childcare services, family allowances, etc.). And yet, people with precarious immigration status have been at a higher risk of contracting the virus as many of them work in essential services, from health care to early childhood education. Not having access to support services has made it even harder for them to advocate for their rights according to the Act Respecting Labour Standards, or to change jobs if they’re in abusive or dangerous situations.

According to a study conducted by the *Table de concertation des organismes au service des personnes réfugiées et immigrantes* (TCRI), asylum seekers interviewed *“reported having suffered from serious consequences during this period due to the isolation, lack of network to help them, feelings of guilt and anxiety about transmitting the virus to their children or spouse, financial precarity, and repercussions on their community”**. In addition to obstacles accessing health care services, they’ve risked their and their loved ones’ health and safety by contributing to Quebec society during the crisis—with little to no recognition.

We make health care services accessible to immigrants who don’t have a legal status, who don’t have a RAMQ card. We ended up with many pregnant women who couldn’t give birth in their home countries because borders were closed. If you give birth in Quebec, you have to be able to pay for it. We tried our best to help, but it wasn’t easy. It’s a new group of people that we are reaching, who still need support. We try to help because we realized that there really was a lack of services.*

Group from the Capitale-Nationale region



INCREASINGLY VULNERABLE LGBTQIA2S+ COMMUNITIES

According to community organizations, LGBTQIA2S+ communities in particular have been affected by the crisis, especially on a **financial level** and in terms of **mental health**. In the context of the crisis, these communities are more at risk of facing discrimination in many spheres of their lives and are disproportionately affected by different factors of socio-economic vulnerability.

A consultation with its members held by the Quebec Lesbian Network shed light on the consequences of the crisis on the well-being of women in the LGBTQIA2S+ community. According to this study, more than half of respondents mentioned feeling **anxiety** and noticed depressive episodes linked to important changes taking place that were out of their control, due to the pandemic and public health measures. A third of respondents took on a role as a family caregiver or had a dependent for whom they provided housing, adding an additional **emotional and psychological toll**.

In an open letter on April 17, 2020, umbrella organizations for groups working with LGBTQIA2S+ communities reported a major increase in the demand for mental health services (average increase of 30%), with reasons for consultation heavier than usual, including:

- ➔ High levels of anxiety and distress;
- ➔ Collateral effects on pre-existing mental health conditions;
- ➔ Children, teenagers and seniors isolated with families who don't accept their LGBTQ+ realities, or in an institution that doesn't take these realities into account;
- ➔ Trans people whose medical appointments have been delayed and gender-affirming surgeries cancelled, leading to more distress due to gender dysphoria;
- ➔ Deteriorations of social lives and a magnified sense of isolation due to the closure of LGBTQ+ social spaces;
- ➔ Social and professional pressure to perform due to lockdowns.

MARGINALIZED POPULATIONS: PUBLIC POLICY'S BLIND SPOTS

According to the community organizations reached, several different populations have been in the government's blind spot: people at risk of criminalization, people experiencing homelessness, people who use drugs or people in addiction treatment centres, people who are incarcerated, people without legal status, etc. They went through isolation like everyone else, but with an added layer of complexity, because the measures put in place were incompatible with their living conditions or put them in situations that threatened their rights or dignity.

When it comes to people who are incarcerated, calls from their loved ones increased by 300%. Their loved ones had a hard time getting news from their person inside, it was difficult. We're talking about a disregard for human beings' fundamental rights, and this is since last March, so it's been a year. They start getting used to things we shouldn't be getting used to, being incarcerated in their cell 23-24 hours a day without being able to see their loved ones, without being able to have satisfying conversations with their loved ones.*

Quebec-wide Group

People experiencing housing instability were especially vulnerable to the measures put in place since they didn't have the means to apply them. Many measures, like the closure of public spaces and the imposition of a curfew, have put their health and safety in danger. Shelter and housing resources have had to abide by public health measures that limited access or made it more difficult. The closing of the borders of many **Indigenous communities** has led to significant issues for Indigenous people experiencing housing instability (people on probation, returning from therapy, etc.) and has added pressure on families, not knowing if they should be housing their family members.



There are a lot of Indigenous people who have found themselves in the city, in urban centres, without any resources, without any support, without any help or possibility of returning home. The situations were astounding, there were so many that I can't even begin to name them.*

Quebec-wide umbrella organization



Many organizations have noticed an increase in **substance abuse** due to the isolation and anxiety caused by the crisis. Drugs of lesser quality combined with barriers to accessing community resources have led to an increase in overdoses and psychoses.



We're worried about overdoses. The women are in rough shape. We can tell that they're using pretty much anything because their regular supply chains have been disrupted. It's rare, but in the last few weeks, I asked myself a few times if I should have the Naloxone on hand. We usually don't deal with this kind of thing that often.*

Group from Montréal



The policing of public space and use of police repression increased the isolation of **populations at risk of criminalization**. Community organizations had to undertake a legal battle to have the curfew that was imposed in early 2021 rescinded for people experiencing homelessness. In a May 2021 press release, the *Ligue des droits et libertés* stated, "We are appalled to learn that in Quebec, between the months of September 2020 and March 2021, different police forces issued an average of 1,106 fines per month, while in the first wave, the average number of fines was 751 per month. Groups that were already more vulnerable during the pandemic were subjected to a particularly repressive approach during the second wave. The report specifies that the fines issued especially targeted people experiencing home-

lessness, racialized people and people who use drugs. These numbers are worrisome considering that some people in these already marginalized groups are also at a higher risk of being profiled”*.



SAME STORM, DIFFERENT BOATS

In addition to the terrible consequences the COVID-19 crisis has had on hospitalizations and deaths, the measures put in place to contain the pandemic have led to an increase in the population’s isolation and distress. Community organizations have done their very best to leave no one behind in these unprecedented times.

As soon as the crisis began, efforts were funnelled into direct services to help people meet their basic needs, especially around food assistance. The crisis has highlighted the **importance of considering all social determinants that influence health and well-being** and **defending human rights** to preserve people’s health and dignity.

Public health measures put in place by the Quebec government were rigid and mainly accessible to people living in adequate housing, with enough income and the proper tools to communicate virtually. There has been a total lack of consideration for the specific needs of some populations and communities.



Here we are, before an authoritarian government that operates through decrees that aren’t applicable. Thankfully, the ruling about the curfew for people experiencing homelessness has been overturned. For women in particular, it was hard because there’s a hidden nature to women’s homelessness*.

Quebec-wide umbrella organization



The population has not only faced transmission risks posed by the COVID-19 virus—the measures imposed during the crisis have also negatively impacted the health and well-being of many people. Some groups who experience multiple forms of oppression and are already marginalized have faced new challenges as **the crisis magnified existing inequities**. The crisis has highlighted the social divide in Quebec’s society and **the importance of political choices that promote social justice**.



It’s as though the social divide that we’ve been talking about for so long... it’s like it’s finally being seen. It gives me hope. Community organizations said that their role was to break isolation and they were laughed at. All of a sudden, it’s seen as important. Breaking isolation is seen as real. We shed light on social issues that have finally been recognized...*

Montréal-wide umbrella organization



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DATA SOURCES

The Observatoire de l'ACA is a large-scale **action research project** that seeks to document the impacts of the COVID-19 crisis on Quebec's autonomous community action (ACA) organizations.

The data used in this report are drawn from **analyses** conducted in summer 2021 from:

Qualitative component

15 focus groups conducted from November 3, 2020 to February 24, 2021 (97 participants)

Quantitative component

Online survey carried out by IRIS from October 23 to December 14, 2020 (740 organizational respondents)

Documentary component

Consultation of reports and analyses produced by governmental sources, the ACA movement and the research community during the COVID-19 pandemic, up until July 2021

Translator's note: Citations that are followed by an asterisk were translated into English from French. The original citations can be found in the [French version of this report](#).

To learn more:



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