Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut

Child and Youth Mental Health Services in Nunavut Needs Assessment

ᖃᐅᔨᒋᐊᖅᑏᑦ
QAUJIGIARTIIT

Qaujigiartiit Health Research Centre

2010

Prepared for and edited by:
Gwen K. Healey
Executive Director Qaujigiartiit Health Research Centre (AHRN-NU)
P.O. Box 11372
Iqaluit, Nunavut
X0A 0H0
gwen.healey@arctichealth.ca

Prepared by:
TLC

Teri Lindsay
Teri Lindsay Consulting
5B Iron Horse Drive
Whitehorse, Yukon
Y1A 6T4
T: (867) 456-4511
F : (867) 456-4511
C : (867) 334-2145
terilindsay@whtvcable.com

Please Reference this paper using the following:

"Qaujigiartiit Health Research Centre (2010). *Needs Assessment of Child and Youth mental Health Services in Nunavut*. Iqaluit, NU: Qaujigiartiit Health Research Centre"

Funding for this review was made possible by the Public Health Agency of Canada's Innovation Strategy.

Table of Contents

1. INTRODUCTION **5**

2. SCOPE **5**

3. METHODOLOGY **6**

4. FINDINGS **7**

Nunavut Programs and Services 7

Health and Social Services 9

Mental Health and Wellness 11

Justice 13

Education 14

Non-Government Organizations 16

Federal Initiatives 17

Other Initiatives 18

Programs in Other Juristictions 19

5. SOCIAL DETERMINANTS **22**

Overcrowded Housing 22

Food Security 22

Education 23

Maternal Disadvantage 24

Residential School and Other Trauma 25

6. PROGRAM SERVICE GAPS **25**

7. BEST PRACTICES **28**

Appendix A --- Nunavut Programs and Services Database **33**

Appendix B --- Out of Territory Programs and Services Database **38**

Appendix C --- Regional Program Questionnaire **41**

Appendix D --- Hamlet Program Questionnaires **41**

SUMMARY

The "Child and Youth Mental Health Services in Nunavut Needs Assessment 2010" was conducted during the period of February 2010 to June 2010. It is one component of a 4-component program of research, intervention and community advocacy around child and youth mental health and wellness in Nunavut developed and implemented by Qaujigiartiit Health Research Centre. This is the initial phase of what is hoped will be a multi-year program in child and youth mental health and wellness research and interventions.

Due to resources available at this time, the assessment is limited to an environmental scan, questionnaires, and a literature review. Assessing the impact of programs and services available across Nunavut would involve lengthy interviews and focus groups with agencies, clients, and communities, which is, at this time, prohibitively expensive. Furthermore, the project is in the first stage of a multi-year work plan and the results of this initial work will be evaluated by the the advisory group for this project and next steps will be decided upon by the group.

The support received from the participation of the various agencies and departments across Nunavut was greatly appreciated. Telephone questionnaires were implemented with various programs and services. The information collected at the community level was important in developing the findings and identifying gaps, needs and tends. In order to verify the quality of the data collected, the draft report was sent to various stakeholders and mental health services in August 2010 for comment. No comments were provided. Therefore this report is reflective of the information we were able to gather during this initial review phase of the project, and it is our hope that the information will continue to grow over time.

The analysis of agency program questionnaires and a literature review of material from territorial organizations supported the finding that although Nunavut continues to grow and develop as a territory there is room for improved program service delivery. Child and youth mental health program and service delivery are generated through both the Government of Nunavut (GN) and municipal levels. Children and youth affected by mental illness and issues interrelate with several government and non government organizations such as: Health and Social Services; Justice; Education; hamlet programs; as well as territorial initiatives.

There are a number of key determinants that influence mental health such as: housing; income; education; community resources; social interactions; the individual; as well as the implications of related factors with child protection; youth criminal justice; and education (Mussell, Cardiff, & White, 2004). The risk factors and the protective factors of the individual and their community play a pivotal role in achieving the maximum positive outcome of support for the individual (Waddell, 2002).

1. INTRODUCTION

Teri Lindsay of Teri Lindsay Consulting is pleased to submit this report for the "Needs Assessment of Child and Youth Mental Health Services in Nunavut", component three of the Child and Youth Mental Health and Wellness Intervention, Research and Community Advocacy Project in Nunavut. The purpose of this report is to communicate the results of the environmental scan of child and youth mental health programs and services in Nunavut; resources utilized outside of the territory; and other jurisdictional best practices and program solutions that may be modified for Nunavut.

The specific objectives met by the assessment include:

- Determine scope of the needs assessment (limited to services, programs, organizations, etc.) and highlighted issues (child protective custody, suicide prevention, social services, counselling etc.) with territorial advisory committee; and
- Conduct environmental scan of child and youth mental health services available in Nunavut and those that are provided to Nunavummiut outside of territory. Create a database of information; and
- Collect baseline data of the use of services: descriptive statistics, articles, media stories, etc., to highlight gaps in services; and
- Conduct environmental scan of child and youth mental health programs available in Nunavut and those that are provided to Nunavummiut outside of the territory. Create database of information; and
- Synthesize information highlighting available supports and services; identified gaps in service provision; best practices for meeting needs in other jurisdictions that might be useful in Nunavut.

2. SCOPE

The action plan for the Needs Assessment of Child and Youth Mental Health Programs and Services in Nunavut is based on two phases, providing a scaffolding approach to gathering accurate data. The preliminary phase involved gathering regional data bases, internet searches, and contacting programs via telephone to develop a territorial profile of child and youth mental health/wellness programs and services in each of the 25 communities in Nunavut. The second phase involved interpreting the information gathered; examining practice patterns; exploring demographics; behavioural and risk factors; analysing identified patterns, trends, and gaps; and identifying needs.

Definitions for the purposes of this paper:

Mental Illness: Defined in a diagnostic context as a "disorder". i.e. Attention-Deficit/ Hyperactivity Disorder (ADHD); Personality Disorder; Psychotic Disorders such as Schizophrenia; Post Traumatic Stress Disorder; etc.. It should be noted mental illness can be compounded by mental health issues (suicide ideation, depression, etc) along with concurrent problems of substance misuse (alcohol, marijuana, solvent abuse, etc).

Mental Health and **Wellness** have been used interchangeably and can be defined as: A holistic approach to "well being" - in an ecological (interrelated) context - emotional, spiritual, cultural, physical, self, and community.

Mental Health also describes reactive counselling services and interventions not necessarily reflective of diagnosed disorders.

Wellness generally refers to proactive interventions to maintain "well being".

Target Group: children and youth are defined as male and female – children aged three (3) to twelve (12) years of age; and youth aged thirteen (13) to nineteen (19) years of age.

Data collection and deliverables are based on Nunavut's three regions: Kitikmeot; Kivalliq; and Qikiqtaaluk.

3. METHODOLOGY

Methodology for data collection includes the following elements:

Background Research - Internet research related to the experience of Inuit child and youth mental health programs in Nunavut; other Canadian and selected international jurisdictions child and youth mental health programs; and identified best practice approaches.

Stakeholder Questionnaires – GN regional program managers and selected frontline staff; non-government organizations (NGO's); and territorial organizations/committee chairs were contacted to complete verbal questionnaires. The guidelines assisted in gathering data for in territorial services; out of territorial programming; and program database collection. The guidelines are attached (appendix A and B). Questionnaires were completed by 32 stakeholders during the process and are summarized in Table 1 below:

TABLE 1 - QUESTIONNAIRES

	Number Questionnaire Requests	Questionnaire Declined or Not Available	TOTAL Questionnaires
GN Education	4	1	3
GN Justice	1	0	1
GN Mental Health and Wellness	20	11	9
GN Social Services	16	5	11
Non-Government Organizations	10	4	6
Territorial Organizations/Committees	3	1	2
TOTALS	55	23	32

4. FINDINGS

Nunavut Programs and Services

The Kitikmeot, Kivalliq, and Qikiqtaaluk regions reflect similar programs with diverse service delivery. For example the GN provides Health and Social Services; Justice; and Education programs to each community, however the delivery of services is dependent on the size of the community; the number of positions actually filled; and the expertise of the individual filling the position.

Although some Hamlet programs receive funding from the GN they are in large dependent on proposal driven programs and services. The recent federal decision not to provide funds through the Aboriginal Healing Foundation beginning April 1, 2010 has dramatically impacted service delivery at the grassroots level for 13 communities across Nunavut. The communities had provided services not only to residential school survivors but intergenerational survivors including children and youth dealing with mental health issues impacted by residential school syndrome. Hamlet programs are now scrambling to submit new proposals. Health Canada has committed $199 million dollars to mental health and emotional support services for survivors and their families which will go towards government run programs.

According to the Nunavut Bureau of Statistics, in 2009, approximately 42% of Nunavut's population was nineteen years of age and younger (Statistics, 2009). It was unanimously noted that treatment or diagnostic territorial programs specifically for children and youth with mental illness and/or issues simply do not exist in Nunavut. Other than first episodic assessment and crisis intervention there are no identified child and youth mental health territorial services. Mental health assessments are determined through health services such as nurses, doctors, psych nurses, mental health consultants, psychiatrists, or

out of territorial agencies. Psychiatrists are the only professionals who can prescribe medications other than doctors, however doctors do not have specialized training in mental health. Crisis interventions occur at a multi-service levels including: social workers, nurses, teachers, RCMP, and mental health professionals. The lack of program delivery and specific child and youth service implementation may contribute to children and youth being underserved, undiagnosed, and/or placed in southern jurisdictions treatment facilities.

Nunavut Child and Youth Population Estimates – July 2009

TABLE 2: KITIKMEOT REGION

Communities	Total Population	Total Child and Youth Population	Age 0-4	Age 5-9	Age 10-14	Age 15-19
Cambridge Bay	1,601	612	158	155	163	136
Gjoa Haven	1,121	535	136	141	136	122
Kitikmeot unorganized	24	4	1	2	1	0
Kugaaruk	725	366	95	97	90	84
Kugluktuk	1,396	546	139	130	131	146
Taloyoak	857	404	103	121	89	91

(Statistics, 2009)

TABLE 3: KIVALLIQ REGION

Communities	Total Population	Total Child and Youth Population	Age 0-4	Age 5-9	Age 10-14	Age 15-19
Arviat	2,254	1,109	313	303	265	228
Baker Lake	1,906	856	217	197	231	211
Chesterfield Inlet	366	148	38	41	43	26
Coral Harbour	838	422	121	114	93	94
Kivalliq unorganized	0	0	0	0	0	0
Rankin Inlet	2,651	1,122	279	299	281	263
Repulse Bay	844	420	132	118	77	93
Sanikiluaq	794	369	86	90	114	79
Whale Cove	388	192	61	52	41	38

(Statistics, 2009)

TABLE 4: QIKIQTAALUK REGION

Communities	Total Population	Total Child and Youth Population	Age 0-4	Age 5-9	Age 10-14	Age 15-19
Arctic Bay	728	335	84	78	71	102
Cape Dorset	1,366	590	152	122	157	159

Clyde River	895	395	103	103	100	89
Grise Fjord	150	68	10	22	19	17
Hall Beach	702	336	86	83	93	74
Igloolik	1,639	816	247	204	184	181
Iqaluit	6,832	2,133	541	500	545	547
Kimmirut	444	187	48	45	44	50
Pangnirtung	1,443	631	162	156	166	147
Pond Inlet	1,424	647	172	152	156	167
Qikiqtaaluk unorganized	6	0	0	0	0	0
Qikiqtarjuaq	521	193	41	46	51	55
Resolute	250	107	19	35	24	29

(Statistics, 2009)

Health and Social Services

The GN is responsible for delivery of health and social services programs through the Department of Health and Social Services. Programs include but are not limited to child protection; mental health; and wellness.

Child Protection – Is a legislated program that falls under the Director of Child and Family Services and is implemented by community social service workers. Social workers identify high risk children and their families; investigate child protection concerns; and provide services to reduce risk to children. Children and youth are categorized by age from birth up to and including 18 years. Social workers typically only interact with children/youth and their families in the context of child protection.

Nunavut MLA's have indicated their desire to work on new child and family service law during their term to better meet the needs of Nunavummiut. The current legislation was carried over from the Northwest Territories after Nunavut became its own territory in 1999.

TABLE 5: NUNAVUT CHILDREN IN CARE - MARCH 2009

Legal Status	Number of Children
Voluntary Support Agreement	119
Plan of Care Agreement	87
Support Services	32
Temporary Wards	13
Permanent Wards	61
Between legal status or court Pending	63

Total	**375**

(Services, 2009)

The Director of Child and Family Services Annual Report of 2008-2009 indicates that a typical social services day across Nunavut involves services being provided to approximately 375 children (See Table 5). The services provided can include several types of agreements to reduce risk for children and youth. Court-ordered protective services, such as temporary and permanent wards, place children with foster families. Specific data reflecting mental illness and issues in correlation to child protection is not available. In this case, the services provided suggests there is likely an impact on child mental health among the children taken into protective custody, as all children taken into custody are witnessing violence; experiencing post traumatic stress; physical, emotional, sexual abuse; and/or neglect.

Agreements and/or Orders are utilized to provide service to families. Services can include: residential treatment; counselling services; community supports; and foster homes:

- **Voluntary Support Agreements -** are an agreement between the Government of Nunavut and the parents of the child(ren) who require support. Support can include but are not limited to: counselling; in-home support; respite care; services to improve the family's financial situation; services for improving the family's housing; drug or alcohol treatment; mediation disputes; services to assist the family to deal with the illness of a child or family member; or other services agreed on my the Director. Either party can terminate the agreement.
- **Plan of Care -** is a plan of service for a child who has been deemed in need of protection and has been identified in section 7(3) of the Child and Family Services Act. In this situation the parent concurs with the social worker that the child is in need of protection and the parent agrees to work with social services to reduce the risk to the child. The plan of care process is outside of the judicial system and the agreement can last for no longer than two consecutive years.
- **Temporary Wards -** are children who have been deemed in need of protection that the Court has placed in the custody of the Director of Child and Family Services for no longer that a consecutive two years.
- **Permanent Wards** - are also children the Court has placed in the custody of the Director until the child has attained the age of sixteen (in some cases extended to and including the age of 18)

- **Support Services Agreements** - is a voluntary agreement between the Government of Nunavut and a youth aged 16 to 19 who cannot reside at home for reasons that would put the youth in need of protection.

At times due to lack of resources or specfic training, children and/or youth need to be placed out of the territory for specialzied treatment or services such as behavioural treatment facilities; solvent abuse programs; group homes, medically fragile care homes, and special needs foster homes. In March 2009, 45 children were in out-of-territory placements (see Table 6).

TABLE 6: OUT OF TERRITORIAL PLACEMENTS - MARCH 2009

Placement	Number of Children
Foster Care	2
Medical Care	1
Therapeutic Group Homes (residential treatment services for children and youth with emotional/behavioural problems and/or disturbances)	29
Alternative Care/Medical Homes	8
Specialized Foster Care	5
Total	**45**

(Services, 2009)

Mental Health and Wellness

The Department of Health and Social Services currently operates a Mental Health and Wellness Unit. The Unit is responsible for culturally approriate continuum of mental health and addictions services across Nunavut. It is designed to integrate community, territorial, and federal mental health initatives. The premise of the intergration is to work on collaborative planning in each of the communities to implement a multidisciplinary Community Wellness Strategy for Nunavut. The Community Wellness Strategy examines the determinants of health in a multi-layered or interconnected approach taking into consideration the community, resources, leadership, Elders, issues, community strengths, and government and non-government organizations. The unit is in the early stages of development.

The current structure of mental health and wellness services includes health care providers such as mental health nurses, wellness counsellors, mental health consultants, mental health and addictions workers, (Services, 2009) and child and youth outreach

workers. However, it should be noted not all communities have the same positions. For example, smaller communities may have contract mental health nurses or contracted consultants that are in the community on a short term basis. Most communities do not have child and youth outreach workers and their roles and responsibilities vary in each region. Community health nurses (CHNs) often provide mental health services in the absence of other professionals, including conducting suicide risk assessments.

Service delivery for children and youth may also be dependant upon individual expertise and the comfort level of the professional with the topic at hand. With the exception of first episode diagnostic intervention, children and youth are referred to social services. Social workers are not trained to make diagnostic assessments so they work collaboratively with other professionals in the community and/or resource people outside of the community to detmerine the best plan of care of the child/youth.

Nunavut's Mental Health and Wellness Unit and community wellness strategy have yet to be evaluated (at the time of this report). An intergrated systems approach to already existing services could streghten services and build capacity for individual communities to address and guide their unique needs for mental health and wellness.

Finding current statistical data related to child and youth mental health issues and illness proved challenging. Efforts made to retrieve data from the GN were unsuccessful during the short duration of this needs assessment. In 2008, Nunavut's chief coroner, stated there were 24 suicides in Nunavut (CBC News, 2008). Examining the data retrospectively to the year 2000, there were roughly 26 to 29 suicides per year, with one tragic year reporting 37 suicides (CBC News, 2008). From April 1, 1999 to August 29, 2005 there were a total of 177 suicides in Nunavut. In a report from Taravat Ostovar McGill Group for Suicide Studies "Suicide among Aboriginal Population of Canada: Social and Spiritual Determinants" the group identified 59 deaths by suicide in Nunavut under the age of 20 for the period of 1999 -2004 (Table 7) (McGill Group for Suicide Studies, McGill University, 2007).

TABLE 7: NUNAVUT CHILD AND YOUTH DEATHS BY SUICIDE 1999 -2004

Sex	**Age 10 - 14**	**Age 15 - 19**	**Total**
Male	2	49	51
Female	3	5	8
Total	5	44	59

The McGill Group showed the highest age cohort for completed suicides in Nunavut between 1999 and 2004 were youth aged 15 to 19. The group further reported that

factors related to suicide events included psychiatric illness co-morbidity; family history; life stressors; substance use/abuse; depression; personality disorder/traits; past suicidal behaviours; relationship difficulties; problem-solving and coping skills; and access to services, social support and networking (McGill Group for Suicide Studies, McGill University, 2007; Law & Hutton, 2007). One professional surveyed during this project shared their perception that youth are presenting increasingly with drug-induced psychosis, which occurs while the individual is either under the influence of a drug or during withdrawal from a drug after the individual stops using.

Research shows that half of all life time cases of mental illness begins by age 14 (National Institute of Mental Health, 2009). "There are a number of other studies that support the hypothesis that adverse childhood experiences have a strong impact in mental health during a person's adolescent and young adult years…" (Hicks, 2007). Mental health professionals in Nunavut who responded to requests for information for this paper reported that they are seeing an increasing number of youth displaying signs of post traumatic stress disorder (PTSD). Children/youth who have undergone major changes in their life, experienced trauma, and/or witnessed or experienced abuse may display signs of PTSD. It was further stated by individuals contacted across the territory that the service needs of children and youth with mental health issues are not currently being met in Nunavut.

Justice

Research suggests incarcerated youth show a higher prevalence of mental illness than the general population (Canadian Institute for Health Information (CIHI), 2008). Some risk factors associated with criminal activity include low self esteem; hyperactivity; aggression; victimization; negative parenting styles; lack of school involvement; schizophrenia; and substance related disorders (CIHI, 2008).

The Nunavut Department of Justice manages corrections and community justice programs for Nunavut youth aged 12 through 17 who become involved with the justice system through the Youth Criminal Justice Act. Youth are referred to Community Justice Committees for pre-charge and court diversion summary offences. There are no programs within the services provided by the Dept. of Justice that specifically address youth mental illness or mental health issues. However the Nunavut Family Abuse Intervention Act has provision to address violence between an applicant and a respondent 14 years of age and older, whether charges are impending or not (see Act for definitions and interpretations). Although recommendations from the Act can include traditional Inuit counselling and/or other specified counselling it should be noted the limitation on priority

for orders is subject to and varied by any subsequent order made under the Child and Family Services Act, Children's Law Act, or Divorce Act. Youth may participate in some mental health related programs once incarcerated.

Education

The Department of Education includes the Early Childhood Development Division and for delivering education from kindergarten through grade 12. Each school in Nunavut has a School Community Counsellor position. School Community Counsellor's liaise between the school, community, and the home, as well as, providing supportive counselling services for students. Some schools in Nunavut also have Guidance Counsellor's who provide further counselling services as well as education and career planning. It is planned that in the fall of 2010, Elders will be incorporated more prominently into Nunavut schools for teacher and student support, which may, at times, include supportive counselling services in conjunction with the School Community Counsellor and/or Guidance Counsellor.

Schools also administer Individual Student Learning Plans, on a case-by-case basis. The teacher may gather a team of individuals to design and implement the plan (parent, social worker, nurse, support systems etc.). Individual Student Learning Plans are individualized to meet the needs of students who require additional attention, such as students with exceptional skills or learning challenges. Challenged students can include students dealing with mental health problems and diagnoses or issues such as attention deficit hyper activity disorder; conduct disorder; oppositional defiant disorder; etc..

Nunavut schools do not provide in-depth mental health counselling should specific issues arise they will refer to Mental Health and/or Social Services.

In 2004 the graduation rate dipped to 23.3% rebounding to 29.2% in 2005[1] (See Table 9). With another slight dip in 2006 to 28.5% following a steady increase of 29.6 in 2007; 32% in 2008, with a projected estimate of 39.3% in 2009 (numbers are estimates based on population data). Official Statistics Canada Graduation Rates for 2009/2010 have not been released yet – numbers are estimates based on population data from the Bureau of Statistics website (Government of Nunavut Department of Education, 2010).

TABLE 8: HIGH SCHOOL GRADUATION RATE FOR NUNAVUT TRENDS 2001-2009

[1] Graduation rates are calculated by dividing the number of graduates by the average of the 17 and 18 year old population for that particular academic year, obtained from Statistics Canada (CANSIM table 051-0001, population estimates based on 2006 Census counts adjusted for census net under coverage).

Academic Year	Average of 17 & 18 Year Olds in Nunavut	Number of Graduates
2000/01	513	117
2001/02	537	137
2002/03	564	141
2003/04	574.5	134
2004/05	610	178
2005/06	650	185
2006/07	668.5	198
2007/08	663	211
2008/09	628.5	247

The Department of Education also implements the Income Support program; it is defined as a program of "last resort" to assist individuals and families (Government of Nunavut - Department of Education, 2009). An individual must be eighteen years of age or older to be eligible to apply for the program as well as participate in "Productive Choices": a plan that includes wellness activities in alcohol and drug counselling, mental health counselling, and family support.

FIGURE 1: NUNAVUT INCOME SUPPORT RECIPIENTS AND CASES MARCH 2001 TO MARCH 2006

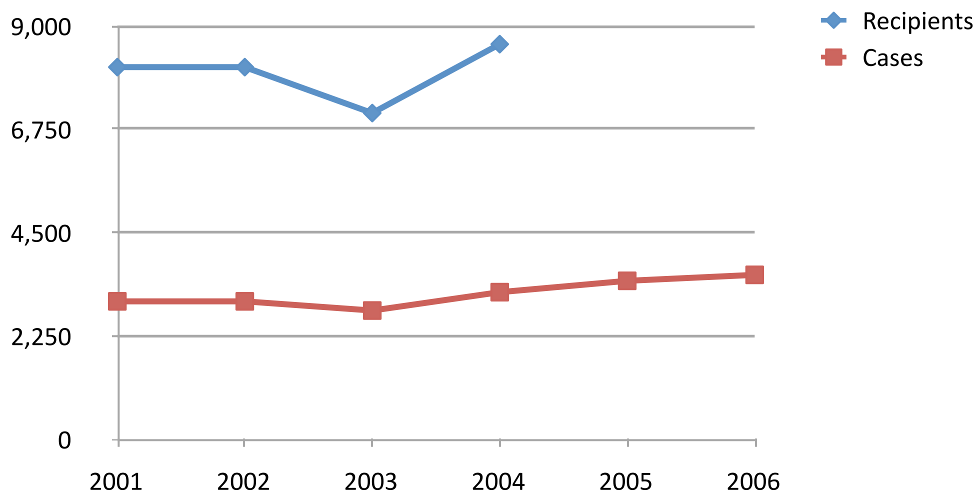


TABLE 9: NUNAVUT INCOME SUPPORT RECIPIENTS AND CASES

	2001	2002	2003	2004	2005*	2006*

Recipients	8,100	8,100	7,100	8,600	13,380	13,562
Cases	3,000	3,000	2,800	3,200	3,447	3,577

- Nunavut is still operating without an electronic case management information system, and is therefore unable to provide detailed profile data.

- The number of recipients is the total recipients estimated during the year. In 2005 and 2006, due to reporting changes, recipients are reported for the year rather than a monthly average (Canada H. R., modified 2009).

Food security is also a very real issue in Nunavut which impacts the mental health and development of children and youth. The amount of recipients receiving support from 2004 to 2006 shows a steady increase in services. The number of two parent and single parent families and children were not identified. Furthermore the reason for the dramatic increase in recipient numbers verses cases for 2005 and 2006 has not been explained.

Non-Government Organizations

Non-Government Organizations (NGO's) offer an array of programs and services reflective of their community needs. Although some NGO's receive core government funding, the majority of their program delivery is dependent upon project based funding. The success of receiving program funding is indicative of individual expertise in project and proposal development and management. Project-based funding is time limited and projects come and go without any certainty of reimplementation. This situation is most clearly represented by the recent discontinuation of funding to the Aboriginal Healing Foundation (AHF), which has affected 13 community organizations across Nunavut. Many of these organizations relied on AHF funds for core programming including Elder and youth camps, youth counsellors, support for the homeless, and other youth projects. Although service delivery is currently impeded by a lack of funding, organizations have been scrambling to secure alternative sources of other funding in order to continue their programs. The current government mental health and wellness strategy will see the Nunavut Government work in close partnership with non-government organizations. However the GN financial support structure for specific NGO programs and service delivery has not yet been shared.

Depending on funding opportunities available, community-based organizations deliver an array of programs and services to children and youth: Youth and Elder Camps; group counselling; recreation; self esteem projects; peer support groups; breakfast and supper clubs; and community education.

Both the Ilisaqsivik Society in Clyde River and Kugluktuk Wellness Centre are outstanding examples of community organizations providing programs and services for children and youth at the community level. Both agencies are strong in proposal driven projects and utilize funds available from multitude of initiatives including but not limited to Crime Prevention; Health Canada – First Nations and Inuit Health Branch; GN project funding; Embrace Life Council; community partnerships; as well Kugluktuk Wellness Centre receives funding from BHP mines. Specific child and youth projects and supports vary on funding initiatives. Ilisaqsivik has been strong in continuing their hip hop program, a project reflective of self esteem, suicide awareness, and peer support. Kugluktuk Wellness Centre partners with the women's shelter and provides programs to child and youth who have witnessed abuse.

Federal Initiatives

Health Canada's First Nations and Inuit Health Branch funds health programs and services for Inuit children and youth by partnering with in-territory bodies to develop contribution agreements. Programs include but are not limited to Aboriginal Head Start Programs; Brighter Futures Programs; Healthy Communities; the National Youth Suicide Prevention Strategy (NYSPS) and National Native Alcohol and Drug Abuse Program (NNADAP) including the National Youth Solvent Abuse Program (NYSAP). Communities have the flexibility to determine program components to provide community based programs, services and/or activities. Funds are typically used by non government and government organizations. Again acquiring funding for program delivery is dependent on the knowledge of funding availability, the expertise of proposal driven projects, and reporting requirements. The historical knowledge of funding for NGO's is pertinent to the ability to deliver programs. Not all communities benefit from the programs identified below, and no single organization provides the full range of programs.

Aboriginal Head Start Program provide early childhood and preschool intervention that supports development of the physical, intellectual, social, spiritual, and emotional well-being of Inuit (and First Nation's) children from birth to 6 years of age. There are currently 7 head start programs across Nunavut: Coral Harbour, Gjoa Haven, Kugluktuk, Arctic Bay, Taloyoak, and Igloolik.

Brighter Futures improves the quality of and access to culturally appropriate, holistic and community directed mental health and child development. Programs reflect health promotion through learning related activities; recreation and wellness activities; breakfast

programs; school based and after school programs; cultural activities; parenting programs; and increase knowledge and awareness. It seems most if not all communities utilize these dollars either through school programs or community wellness projects.

Healthy Communities designed to assist communities and government in developing community based approaches to mental health crisis management. Activities include assessments, counselling services, referrals for treatment, and after care.

National Youth Suicide Prevention Strategy is administered by the Embrace Life Council in Nunavut and has been used for project-specific initiatives in Nunavut, including camps, photography workshops and more.

National Native Alcohol and Drug Abuse Program provides funding for community based alcohol and drug prevention, intervention, aftercare and follow up services. Services available to youth include school programs; cultural and spiritual events; recreation; support circles; crisis intervention; and outreach services.

National Youth Solvent Abuse Program is a national residential in-patient treatment program that compliments community level activities. NYSAP is a network of ten youth solvent addictions centres across the country that provides culturally appropriate treatment, specialized treatment and recovery programs for both Inuit and First Nations youth with chronic solvent abuse problems. Nunavut Social Services utilizes two of the centres: Charles J Andrew Youth Treatment Centre (Sheshatshiu, Labrador) and Young Spirit Winds Treatment Program (Hobbema, Alberta).

Other Initiatives

Isaksimagit Inuusirmi Katujjiqatigiit- Embrace Life Council partners directly and indirectly with communities and the territorial government to coordinate cultural relevant information, training, and awareness of mental health issues and wellness. Children receive services and education through Embrace Life initiatives; family counselling for intergenerational impacts of residential school; and other individual community initiatives supported by Embrace Life. Youth participate in services provided to children as well as project specific activities to raise awareness of mental health issues such as the Inuusivut Project. The Inuusivut Project was a national initiative in conjunction with the National Inuit Youth Council to increase capacity to promote mental health through the use of multimedia techniques.

Qaujigiartiit Health Research Centre (AHRN-NU) enables local health research reflective of both traditional knowledge and western sciences in addressing health concerns of communities in Nunavut. Promotion of youth mental health project based initiatives includes: Youth Exploring Identity In Relation To Suicide, a participatory video; Youth Mental Health and Wellness Knowledge Sharing Project; this Child and Youth Mental Health and Wellness Research, Intervention and Community Advocacy Program in Nunavut project. The latter encompasses the development and implementation of culturally-appropriate, locally developed and supported interventions such as youth health and empowerment camps, and parenting support programs that incorporate Inuit Qaujimajatuqangit and northern ways of knowing, as well as this needs assessment and primary research with youth.

Nunavut Tunngavik Inc., Social and Cultural Development Department works primarily on policy and advocacy in areas of housing, education, language, health, justice, elders, youth, and social and cultural related research. From time to time initiatives may be implemented specifically for youth. Currently NTI, the Government of Nunavut, and Embrace Life are working in partnership on a territory-wide suicide prevention strategy.

Programs in Other Jurisdictions

An internet search was conducted to look for Inuit and Aboriginal Child and Youth Mental Health programs offered in other Canadian jurisdictions, and to a lesser extent those offered internationally. As expected, no comprehensive Inuit child and youth mental health programs were found elsewhere. There were some First Nation programs that addressed supportive early mental health services through home visitation programs. In addition there were some aboriginal/non-aboriginal programs that were noteworthy as they operated in a vast geographic area, similar to Nunavut's, and explored the challenges to child and youth mental health service delivery that Nunavut also faces. Below is a summary of the findings from the internet search:

Australia - Australia's National Youth Mental Health Foundation, "Headspace" provides mental health and wellbeing support, information and services to youth aged 12 to 25 and their families across Australia. Established in 2006 and funded by the Commonwealth of Australia the primary focus is youth mental health and wellbeing. Headspace provides a continuum of youth friendly services including: mental health and counselling; education and employment; and alcohol and drug services. Headspace has an impressive website www.headspace.org.au which links youth and family members to centres and services across the country: provides links for twenty four hour help; fact sheets on depression, anxiety, drugs and alcohol, eating disorders, self harm, and psychosis; individual stories;

links to experts; research; photos; videos; online forums; downloads; conferences and event updates. It is an innovative website that promotes inclusion of youth from large cities to rural communities with limited services. There is an opportunity for youth to become involved with Headspace through an online youth consultation forum; youth participation programs; as well as discussions and debates on Facebook and Twitter. Reports indicate “high levels of success” with Headspace. The program provides a platform for early intervention and communication with youth to discuss mental health issues and concerns, a pro social tactic to diminish or prevent personal crisis.

Labrador - The Charles J. Andrew Youth Treatment Centre is a residential youth solvent treatment centre in Sheshatshiu, Labrador. The Centre provides Innu, Inuit and First Nations youth aged 11 to 17 holistic treatments designed to nurture and promote cultural values and healing practices. The holistic treatment model is based on concepts of values and beliefs of traditional spiritual and cultural activities throughout all program components. It is part of the National Youth Solvent Abuse Program funded in part by Health Canada – First Nation Health and Inuit Branch. They assist youth and their families to regain self confidence through treatment. The program is influenced by traditional aboriginal values, beliefs and practices. Spirituality and a reconnection to the land are key components in nurturing self confidence. It is a twelve bed facility that operates on a 16 week treatment cycle and offers the following treatment programs: individual and group therapy; traditional therapy; family counselling; academic studies; recreation; wilderness program; virtues program; pre and post treatment; and outreach program. In 2005/06 the Centre offered a grief recovery outreach program in Pond Inlet where 90 students attended.

Ontario – Thames Valley - mindyourmind.ca is a nonprofit mental health program of Family Service Thames Valley providing information, resources and interactive coping tools for youth at risk of stress, mental health disorders, suicide and self harming behaviours. Their resources are designed to reduce stigma associated with mental illness and increase access to professional and peer community support. It is an interactive website responding to the needs of youth between the ages of 16 to 24 for crisis management and support. The site which was designed by youth for youth can be translated in fifty different languages; provides links for individuals needing immediate help; provides tools for individuals who think their friend needs help; facts and symptoms; personal expression through stories, art , poetry, photos, videos; music; toolbox of information for coping, self management and stress busters; books; and web links etc. Their mission is “to inspire youth to reach out and get help for themselves or give help to their friends who are facing mental health challenges. To eliminate barriers to seeking help including the elimination of stigma often associated with mental health

problems." Mindyourmind.ca was chosen as one of the top 5 best innovative applications of Information Communication Technology in Health Care as well as various other awards. Their website can be access on line through any search engine at mindyourmind.ca.

Ontario – Knaw Chi Ge Win - The Knaw Chi Ge Win (New Beginnings) team provides a community based Aboriginal mental health care model that has led to various improvements in mental health care services. First Nations in Manitoulin District in northern Ontario has made significant strides in building community capacity for services delivery. Knaw Chi Ge Win is a collaborative, culturally safe service that integrates clinical approaches with traditional Aboriginal healing. They have integrated community based mental health services system by successfully pooling resources, sharing information, education, and developing collaborative programs for service delivery. Collaborative practices include prevention program development, client support services, daily management of clients with serious mental illness, shared intakes, case coordination, and access to traditional healers and medicine. The case manager (mental health nurse) monitors client medication as well as client conditions on a weekly to monthly basis. The case manger collaborates with visiting specialists, works with community paraprofessionals, traditional healers and other service providers. This collaborative approach builds on, ongoing capacity for traditional healing. Although traditional healing has been practiced for thousands of years, integrating traditional healing into a clinical settings the health board decided to develop guidelines. Part of the protocol includes screening healers for their expertise, community recognition as a healer, and the expectation of following a culturally based code of conduct.

Yukon - Most provinces and territories have an intensive home visitation program for high risk families prenatally to children six years of age. Although the Government of Nunavut has looked at home visitation programs in the past, there are no such similar programs available in Nunavut at this time. In the Yukon, Kwanlin Dun First Nation (KDFN) adapted a Healthy Families Program that was initially designed in Hawaii. The premise of the program promoted personal strengths and effective parenting, and was a tool to promote child health and wellness. Much of the program needed to be adapted to the Kwanlin Dun community and the First Nation culture. The program provided support to parents living in poverty; those dealing with mental health issues; alcohol and drug issues; those involved in the justice system; teen parents, and/or child protection involvement. KDFN's program sunset and federal dollars where diverted to a Yukon Territorial Government program. KDFN continued to support a volunteer home visitation program providing support to high risk parents to promote healthy outcomes for children. The program involved a case management style and individual planning for families on:

traditional parenting; land based family camps; child protection liaison; justice liaison; health promotion; Head Start programs for youth aged 18 months to school age; school liaison; and intergenerational family activities.

5. SOCIAL DETERMINANTS

There is a vast array of research on childhood experiences and their impact on mental health. Researchers have documented the profound implications of child abuse (physical, sexual, emotional, and/or neglect); children who witness family violence; poor parenting skills; and familiar substance abuse can affect a child's mental and emotional health (Hicks, 2007). Social determinants such as overcrowded housing; food insecurity; low levels of education; maternal disadvantage; and individual, collective, and historical trauma also contribute to the shaping of children and youth. People with mental illness often live in chronic poverty, and chronic poverty can be a significant risk factor for poor physical and mental health (Association, 2007). The Government of Nunavut's Report Card: Qanukkanniq confirms Nunavut has chronic problems of poverty.

Overcrowded Housing

A paper published by Pauktuutit - Inuit Women of Canada states the housing crisis exacerbates social issues in Nunavut including family violence, substance abuse, and child sexual abuse. All of which can be linked to the impacts affecting child and youth mental health. In 2009 it was reported that 700 housing units are required per year to keep up with the population growth of Nunavut (Duggal, 2009).

In collaboration with the Nunavut Bureau of Statistics and Statistics Canada, the Nunavut Housing Corporation is currently conducting a Nunavut Housing Needs Survey. The survey will identify housing needs for Nunavummiut (including such issues as overcrowding) and assist in prioritizing decisions for the Housing Corp's program delivery. The percentage of children and youth affected by overcrowded housing is not clearly identified in current statistical data. However research reflects overcrowded homes affect food security, regular routines for children and youth, sleep disturbances, and increased injury (Pauktuutit Inuit Women of Canada, 2007).

Food Security

Nunavummiut in several communities report children often go hungry to school (Group, 2009). The International Polar Year Inuit Health Survey 2007 -2008, Qanuippitali? an adult survey for individuals eighteen and older also included a cross sectional survey of Inuit children in sixteen of the twenty five communities in Nunavut. The survey reports

70% of preschoolers reside in homes where food is rated as insecure (Egeland, 2010). Of 1,038 households, 7 in 10 reported a shortage of food and 4 in 10 reported a "severe" lack of food over the course of one year (Egeland, 2010). According to this data, the percentage of Nunavummiut who experience lack of food during the year is seven times higher than the national average.

The extreme expense of healthy food in the north often results in the replacement of nutritious choices by less expensive and less nutritious foods. Studies indicate nutrition plays a significant role in mental health and illness (Vieira, 2008). In addition, research suggests access to affordable food plays a larger role in food choices than health education. The federal government recently revealed a $60-million per year food subsidy program to replace the current Food Mail program that will begin in April 2011 (Ryder, 2010). The subsidy is aimed at reducing the cost of nutritious food for consumers through the local grocery stores and a health promotion program to provide health education about healthy food choices and preparation.

Education

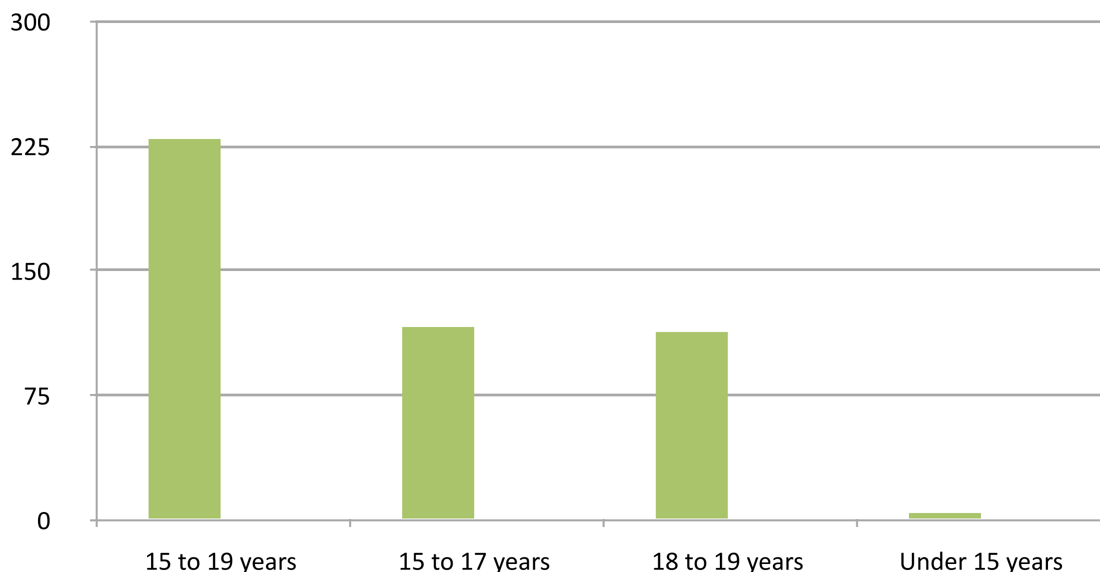
The Government of Nunavut report "Qanukkanniq: What We Heard" states that people across Nunavut are concerned about the education standards in the Territory. They report that they feel the standards are set too low and there is a common perception among those who participated in the Qanukkanniq survey that children are not receiving a quality education in Nunavut. It is further felt that basic education requirements for post secondary education are not being met. Although the graduation rates have increased slightly in recent years (32% for 2008), MLA Johnny Ningeongan was reported as saying that Nunavut high school graduates are finding they have to upgrade their skills for an additional year to meet post secondary requirements in the south (News, 2009).

Research also suggests the early onset of mental health problems increases the risk of poor education attainment (Patient Health International, 2009). Further challenges of school success include attendance; ability to fill teaching and support staff positions; parental and family involvement; cultural appropriateness; as well as the important role schools play with children and youth not only providing an education but an environment that promotes inclusion and acceptance. In the report "Qanukkanniq: What We Heard", Nunavummiut shared concerns from Nunavummiut about high truancy rates that are increasingly becoming common among younger children; the need for parent supports; and strengthening partnerships between the Department of Education and parents working together to support education.

Maternal Disadvantage

Compared to the rest of Canada, Inuit families are younger and larger. Pauktuutit reports Inuit women who have children at an early age tend to have larger families than other aboriginal or non aboriginal groups (Pauktuutit Inuit Women of Canada, 2007). Births are a cause for celebration in Nunavut, and the gift of a child is like no other. If however, the pregnancy is unplanned or the result of violence or pressure, the situation is very serious. Pauktuutit highlights that teen pregnancy is a very real concern in Nunavut (Archibald, 2004). Teens tend to have fewer resources than older parents and therefore their children have the potential to face greater challenges attributed to social determinants that impact mental health such as poverty, overcrowded housing, food insecurity, low parenting skill, etc. Unplanned teenage pregnancy perpetuates a cycle of family stressors and may contribute to mental health issues both among the teen parents, their families and the child. A teen mother is less likely to complete school and more likely to receive social assistance (Luong, 2008). Low maternal age, large families, single parent families, and unplanned pregnancies increase risk for child maltreatment (Ordolis, 2007).

FIGURE 2: NUNAVUT TEEN PREGNANCY BY AGE GROUP 2003 TO 2004



In 2003 to 2004 statistics indicated 15 year olds were having babies at the same rate as 19 year olds (Figure 2). In total, there were 233 teen pregnancies in Nunavut; 113 were 18 and 19 year olds, 116 were 15 to 17 years of age, and 4 were under the age of 15.

Nunavut is reported as having the highest teen pregnancy rate in Canada (Canada S. , modified 2009).

Residential School and Other Trauma

Many Inuit were sent to residential schools which have had documented impacts on family bonding, self esteem, cultural knowledge, and language loss (Kirmayer et al, 2007). Former residential school students missed learning about Inuit skills and traditions through observation, a key component of Inuit culture. Additionally, many were forbidden to speak Inuktitut or Inuinnaqtun and as a result loss their connection to their first language. As residential school attendees became parents, many were dealing with the trauma of the experience of being separated from their families; their language; and their cultural history. Many residential school attendees also experienced physical, sexual and/or emotional abuse while in the care of the school system. The intergenerational effects of these events on the children and grandchildren of the residential school attendees continue today. Both the immediate and intergenerational effects of these experiences among Canada's Indigenous peoples have been linked to physical and sexual abuse, low coping skills, suicide, anxiety, depression, drug and alcohol abuse, and teen pregnancy as well as other post traumatic stressors such as rage, anger, and feelings of inferiority, and parenting issues such as emotional coldness, rigidity, neglect, poor communication and abandonment (Kirmayer et al, 2007, pp. 72).

Additional family-related trauma; the community grief experienced when multiple suicides occur; violence and murders experienced within families; and individuals who experienced or witnessed violence and/or sexual abuse may suffer from post traumatic stress disorder which in turn can affect the way they interrelate with children and community (Kirmayer et al, 2007).

6. PROGRAM SERVICE GAPS

The following areas were identified as program and/or service gaps, using the information gathered from the territorial environmental scan, media research, program questionnaires, and analysis of other data:

1. In-Territorial Child and Youth Mental Health Programs

There are no specific child and/or youth mental health programs found in Nunavut. Children and/or youth dealing with mental health issues or illness are often moved between mental health and social service programs, or referred out of the territory. One hundred percent of the 32 respondents in the environmental questionnaire of programs and services sent out for the purposes of this report felt the mental health needs of

children and youth in Nunavut are not being met. It was suggested that programs for children and youth should reflect levels of development instead of grouping services for the entire child and youth population. For example, it was suggested that there should be different programs for preschool (ages 3 to 5); school aged (6 to 12); and teen (13 to 19) programs.

2. Proactive Early Childhood Programs

Programs are needed in early childhood for children who are at risk of developing mental health issues and/or illness. Research supports child mental health and developmental outcomes depend largely on the extent of the capabilities of families to provide a safe and nurturing environment. In addition to family functioning, Nunavut faces significant challenges in addressing social determinants that affect the mental health and wellbeing of children. A home visitation program is one way of providing support to parents who are experiencing challenges. This mirrors a finding in the recent Qaujigiartiit report on parenting support programs for parents in Nunavut. These programs are delivered by paraprofessionals with expertise in parenting, cultural considerations, and links to other programs and resources in the community that minimize the risk factors to the family. For example, the worker can show a young mother how to engage with her child through traditional teachings; social rules; and traditional discipline as well as encouraging referral to Head Start; preschool programs; recreation and wellness activities. In addition to services for the child the worker can encourage the family to utilize other additional resources to increase family functioning i.e. social assistance, community freezer; counselling; alcohol and drug referral etc.

3. Specifically Trained Child and Youth Care Positions

Those in positions dedicated to children and youth (mental health workers, social workers, and child and youth outreach workers) require rigorous and specific training in child and adolescent development, child psychology, parent-child relationships, and parenting. Alternatively, hiring and/or consulting with a child and youth care practitioner could offer a unique alternative to working with children/youth and their families. Practitioners are focused on child and youth growth and development; concerned with the child/youth totality of function; developmental perspective; operate on the day to day functioning of the child/youth; develops therapeutic relationships with child/youth, families, informal and formal helpers; intervention and solution focused treatment plans indicative of the child/youth's environment, family, and community.

4. Post Treatment/Aftercare

Psychiatric hospital stays are brief interventions to stabilize children and adolescents. Once it is thought that the individual is no longer a danger to themselves or others the individual is discharged and generally return back to their home community. This is in part based on the premise of assessable and effective aftercare services. In addition, youth receiving long term treatment in residential facilities are returned to the community with an aftercare plan. Ideally aftercare should build on the treatment components with a concrete plan to maintain and develop skills to improve the outcome for the child/youth. Although aftercare was not evaluated, the evidence suggests limited or no resources to follow a plan. Health staff can ensure prescriptions are filled and follow up medical appointments are made, however the delivery of an effective aftercare plan to work with the child/youth and their families entails compliancy, resources, and expertise in child and youth case management. Social workers do not have the resources or the expertise to implement aftercare plans.

5. Child Psychologist

A child psychologist works specifically with children and adolescents. There is no contracted child psychologist working in Nunavut, although in rare instances one may be contracted through social services to conduct parenting assessments for child protection matters. Child psychologists provide expertise in normative and abnormal child development and parenting. All professionals working with children and youth would benefit from access to a child psychologist, as this would assist in developing appropriate case planning.

6. Interagency Collaboration

Interagency meetings are rare with no one agency having been identified, at the time of this report, as taking a lead role in organizing meetings. High case loads; crisis intervention; high rates of staff turnover; and diverse visionary goals can diminish the consistency of interagency committee meetings. The benefits of coordinated interagency meetings include addressing current community needs; trends in service delivery; and gaps in service delivery due to vacant positions and/or present community need. Properly implemented meetings identifying common goals would improve health, education, wellness, and social services program delivery outcomes.

7. Community Awareness and Education

Increased community awareness about the importance of protecting and nurturing child and youth mental health, and fostering recognition of mental health problems is needed. Support is also needed to encourage parents/caregivers to recognize mental health challenges and seek treatment and services.

8. Consistent Core Funding

Many services and programs currently provided to children and youth are reliant upon a project-based funding model. They are often proposal-driven, time-limited projects. Funds are insecure and continuity of program services is not reliable. Core funding would secure planning and longevity of child programs. Core funding also secures committed staff and provides opportunity to build on project successes. Proposals could "top up" programs however, core funding would ensure program availability and longevity in Nunavut communities.

9. Nunavut Youth Treatment Facility

There are currently no residential treatment services for high risk youth in Nunavut. Nunavut relies on programs outside of the territory for intensive treatment for substance abuse, emotional disturbances, and severe mental illness. Evaluating a youth in the context of their environment and culture is central to assessment. Nunavut needs resources reflective of Inuit values and principles, as well as treatment modalities reflective of social ecological perspectives within interconnected systems such as family, extended family, community, school, peers, modern and traditional resources, culture, etc.

10. Education for Caregivers

Caregivers are under enormous stress parenting a child/youth with mental illness. Support for caregivers is essential, as well as education on behavior management techniques and what to expect from the illness. Educating caregivers will increase their coping skills and strategies for parenting a child/youth with mental illness.

7. BEST PRACTICES

A best practice is a technique, activity or methodology that through experience and research has been proven to produce outstanding results that may be modified and adapted.

1. Community-Based Approach

A community-based approach includes incorporating expertise in identifying community needs; protective and risk factors; strengths and assets; cultural knowledge, values, and traditions; and community history and structure (what have we been through, what has or hasn't worked). In addition, a community-based approach strengthens community pride and capacity to address and direct healing. Community involvement is essential in the development of effective services for youth, including full youth participation.

2. Holistic Approach

A holistic approach includes exploring all the elements of the individual including their community. Individuals are part of a community. Healing and wellness must take into account emotional, spiritual, physical, and mental well-being in the environment and community where the child or youth lives. Individuals interrelate with their environment in their own way based on their experiences. Risk and protective factors need to be incorporated into the steps of healing for the individual within a model that builds upon the strengths of their community and culture. Family members play a very integral role in the child/youth's life and therefore must also be included in the plan when appropriate.

3. Culturally Appropriate Information and Services

Ensure that information and services are culturally appropriate for both children/youth and parents; provide relevant mental health information for the different stages of child development in an understandable and culturally appropriate manner; and consult with Elders to develop culturally appropriate intake/initial assessments, compatible with Inuit values and believes.

4. Cultural Community Based Orientation

A large amount of care is provided by agency nurses from outside of Nunavut who come for both short- and longer-term contracts. Professionals coming into communities should require a mandatory orientation to Inuit culture as well as the North. This would assist health professionals in the provision of treatment that is culturally sensitive; respectful of northern ways of knowing and understanding health; and inform solutions for focused after care plans.

5. Continuum of Services/ Multiple Interventions

There is growing evidence of the effectiveness of integrated mental health services delivered in settings such as schools, justice, child welfare, and early childhood programs such as Head Start. A continuum of wellness activities such as on the land activities; sewing; drum making; preschool programs etc.; treatments such as support circles, healing groups, individual counselling, family conferencing, and residential treatment; and a well thought-out after care plan that has been culturally designed in conjunction with the treatment provider.

6. Identified Case Manager

While a continuum of services is beneficial to the individual seeking help, one agency or worker needs to take the responsibility to ensure the implementation of the plan. Often

29

services are received from various providers without active coordination of service. Ineffective case management may lead to: diverse case directionality, fragmented service, lack of purposeful direction, and/or repeat in services, giving inconsistent messages to the client and family. It is imperative that one case manager is identified to ensure all needs of the child/youth and their family is being met.

7. Traditional Service Model

Collaborative, culturally appropriate services that integrate clinical approaches with traditional healing models have proven affective in other remote Indigenous communities.

8. Recreation and Kinship Programs

Purposeful recreation helps improve self esteem; instills a sense of belonging; builds social networks; enhances skills; and can provide teachings about alternatives for healthy living. Intergenerational programs promote healthy families and communities.

9. Broadband Development

Connecting remote communities together through the internet allows for coordinated multi-jurisdictional initiatives to address widespread child and youth mental health issues. Significant investment has been made to provide internet access in all Nunavut communities. Capitalizing on these tremendous infrastructure boosts for Nunavut would be the next step.

10. Stakeholder Collaboration and Coordination

Networking between agencies increases resources for clients; avoids repeat of services; identifies needs for service delivery; provides diverse expertise to scaffold and generate ideas for common goals; and ensures all of the child/youth's service providers are active in implementing a focused plan.

11. Job Shadowing/Mentoring/Interim Positions

Working with child and youth mental health issues is very complex. Mentoring and capacity building is the key to success in many workplaces. There should be an opportunity to build capacity at the local level through the continuum of front line child and youth service providers. Creating job shadowing/mentoring/intern positions to increase skill set with paraprofessionals and professionals.

REFERENCES

Association, C. M. (2007, November). Poverty and Mental Illness. Retrieved June 08, 2010, from Canadian Mental Health Association, Ontario: http://www.ontario.cmha.ca/backgrounders.asp.

Bell, J. (2010, February 05). NunatsiaqOnline 2010-02-05: NEWS: Nunavut premier: no more poverty by 2030. Retrieved May 03, 2010, from NunatsiaqOnline: http://nunatsiaqonline.ca/stories/article/87567.

Bobet, E. (2010, April). Towards the Development of a Nunavut Suicide Prevention Strategy. Retrieved May 21, 2010, from Nunavut Tunngavik Inc.: http://www.tunngavik.com/wp-content/uploads/2010.

Canada, H. R. (modified 2009, December 17). Social Assistance Statistical Report: 2006. Retrieved May 18, 2010, from Human Resources and Skills Development Canada: www.hrsdc.gc.ca/eng/publications_resources/social_policy/fpt/page16.shtml.

Canada, S. (modified 2009, April 15). Teen pregnancy, by outcome of pregnancy and age group, count and rate per 1,00 women, Canada, provinces and territories, 2003 to 2004. Retrieved May 03, 2010, from Statistics Canada: http://www.statcan.gc.ca/pub/82-221-x/2008001/tmap-tcarte/dt-td/co4tpx-eng.htm.

CBCNews. (2008, January 17). High suicide rate persists in Nunavut: coroner. Retrieved May 23, 2010, from CBCnews: http://www.cbc.ca/canada/north/story/2008/01/17

Duggal, S. (2009, March 6). Federal cash for Northern housing crunch. Retrieved May 16, 2010, from Capital News Online.

Education, N. D. (2010, May 27). Department of Education Graduation Rate Trends in Nunavut 2001-2009. Iqaluit.

Egeland, G.M. (2010,). CMAJ Research. Retrieved May 03, 2010, from Food insecurity among Inuit preschoolers: Nunavut Inuit Child Health Survey, 2007-2008: http://www.cmaj.ca/cgi/content/full/182/3/243.

Ethnic Disparities in Mental Heath and Educational Attainment: Comparing Migrant and Native Children. (2007). Retrieved May 2010, from International Journal of Social Psychiatry: http://isp.sagepub.com/cgi/content/abstract/53/6/5.

George, J. (2009, July 19). NunatsiaqOnline 2009-07-19: Study: seven in 10 Nunavut families go hungry. Retrieved April 26, 2010, from Nunatsiaq Online: http://www.nunatsiaqonline.ca/stories/article/study.

Gionet, L. (2006). Inuit in Canada: Selected fingings of the 2006 Census. Retrieved may 2010, from Statistics Canada: http://www.statcan.gc.ca/pub/11-008x/2008002/art.

Group, N. S. (2009, October 1). Qanukkanniq? - The GN Report Card Project. Retrieved May 03, 2010, from Government of Nunavut: http://www.gov.nu.ca/reportcard/analysis%20and%20recommendations.pdf.

Hicks, J. (n.d.). The Social Determinants of Elevated Rates of Suicide Among Inuit Youth. Retrieved April 29, 2010, from http://www.jackhicks.com/e107_files/downloads.

Information, C. I. (2008, April 29). Improving the Health of Canadians 2008; Mental Health, Delinquency and Criminal Activity. Retrieved April 5, 2010, from Canadian Institute of Health Information: www.hihi.ca/cphi.

Kirmayer, L.J., Brass, G.M., Holton, T., Paul, K., Simpson, C., & Tait, C. (2007) Suicide Among Aboriginal People in Canada. Prepared for The Aboriginal Healing Foundation.

McGill Group for Suicide Studies, McGill University. (2007, November). Suicide among Aboriginal Population of Canada: Social and Spirtiual Determinants. Retrieved June 3, 2010, from http:www.bahaimedicalassociation.ca/Downloads/Taravat%20Ostovar.pdf.

News, C. (2009, December 03). Many Nunavut high school grads at a disadvantage: MLA. Retrieved April 2010l, from CBC News: www.cbc.ca/canada/north/story/.

Organization, W. H. (n.d.). Social Determinants Of Heath Second Edition The Solid Facts.

Pauktuutit Inuit Women of Canada. (n.d.). Sivumapallianiq National Inuit Residential School Healing Strategy Journey Forward. Retrieved June 16, 2010, from http://www.pauktuuit.ca/pdf/JourneyForward_ENG.pdf.

Pauktuutit. (2007, June 20 -22). Pauktuutit Inuit Women of Canada. Retrieved April 2010, from National Aboriginal Woen's Summit - Strong Women, Strong communities.

Ryder, K. (2010, May 24). Food Mail to be replaced. Nunavut News/North . Nunavut: Northern News Services.

Services, D. O. (2009). 2008-2009 Annual Report of the Director of Child and Family Services. Iqaluit, Nunavut: Department of Nunavut Health and Social Services.

Statistics, N. B. (2009, 07 01). www.gov.nu.ca/eia/stats/index.html. Retrieved 03 26, 2010.

Vail, I. E. (2008, August). 2008 Nunavut Economic Outlook Our Future To Choose. Retrieved May 2010, from 2008 NUNavut EcoNomic outlook: http://www.tunngavik.com/documents/publications/2008%20Economic%.

Vieira, S. E. (2008, January 21). Nutritional therapies of mental disorders. Retrieved May 26, 2010, from Nutrition Journal: http://www.nutritionj.com/content/7/1/2.

Appendix A --- Nunavut Programs and Services Database

Cambridge Bay Community Wellness Centre Contact: Marie Ingram Hamlet: Cambridge Bay Telephone: 867-983-4674 Email: MIngram@cambay.nu.ca Services: Proposal driven child and youth wellness initiatives. Programs may vary year to year.
Ilisaqsivik Society Contact: Jakob Gearheard Hamlet: Clyde River, Nunavut Phone: 867-924-6565 Services: Ilisaqsivik offers mental health/wellness programs to both children and youth. Hip Hop (harm reduction and suicide prevention) is available to both children and youth. Other services for youth include on the land activities; film training – Wellness Public Service Announcements; on site addictions, family, youth, and Elder counsellors. Proposal driven programs and projects may vary from year to year.
Kitikmeot Mental Health – Department of Health and Social Services Contact: Regional Manager, Mental Health Hamlet: Cambridge Bay, Nunavut Phone: 867-983-4073 Email: unavailable Services: Kitikmeot Mental Health offers limited counselling for self referred youth. Children are medically assessed and only seen by a mental health worker if the worker in the community has direct experience working with children. Generally children and youth are referred to social services, pediatrician, or a child psychologist.
Kitikmeot Wellness Programs – Department of Health and Social Services Contact: Regional Manager, Wellness Program Coordinator Hamlet: Cambridge Bay, Nunavut Phone: 867-983-4154 Email: unavailable Services: Contribution agreements; Brighter Future projects; proposal driven projects (hip hop, anti bullying); collaboration and community wellness planning.
Nunavut Kamatsiaqtut Help Line Phone: 867 -979-3333 or toll-free 1 800-265-3333 Hours of Operation: Every Night 7:00 p.m. – midnight Services: Supportive counselling and referral.
Kivalliq Crisis Line Telephone: 867-645-3333 Hours of Operation: Monday to Friday 7:00 p.m. – 10:00 p.m. Services: Supportive counselling and referral.

Kid's Help Phone

Telephone: 1-800-668=68968
Hours of Operation: 24 hours

Services: Supportive counselling and referral.

Qikiqtaaluk Mental Health – Department of Health and Social Services

Contact: Regional Mental Health Manager
Hamlet: Pangnirtung
Telephone: 867-473-2637

Services: Qikiqtaaluk Mental Health offers limited services to both children and youth in the region. There are two Child and Youth Care Outreach Workers, with no specific programs identified for children and youth. Services include crisis intervention; first episode diagnostic intervention; alcohol and drug assessment; and out of territory referral.

Iqaluit Mental Health – Department of Health and Social Services

Contact: Regional Mental Health Manager
Hamlet: Iqaluit
Telephone: 867-975-7255

Services: Iqaluit Mental Health offers limited services to both children and youth in the region. There are no specific mental health programs for children and youth. Children are seen on a case by case basis and generally referred to social services. Youth services include crisis intervention; first episode diagnostic intervention; alcohol and drug assessment; cognitive behaviour therapy; individual counselling; psychiatric case management; and out of territory referral. Access to resident psychologist and visiting psychiatrist however not specific to children.

Kalvik Youth Services Ltd.
Group Home

Hamlet: Cambridge Bay
Telephone: 867-983-2644

Six bed group home for children/youth between the ages of 10 to 15. Parent model group home operated by live in care providers. Social Services referral.

Kugluktuk Wellness Centre

Contact: Bonnie Almon
Hamlet: Kugluktuk
Telephone: 867-982-6519
Email: kugwell@qiniq.com

Therapeutic groups for children and youth who have witnessed abuse; therapeutic intervention and counselling for victims of sexual and physical abuse; drug and alcohol counselling and joint referral for residential treatment; addiction specialist provide youth programming twice a year; supper club; recreation programming; and Brighter Futures. Programs may vary year to year.

Pulaarivik Kablu Friendship Centre

Contact: George Dunkerley
Hamlet: Rankin Inlet
Telephone: 867-645-2600

Cultural and land based wellness activities. Programs and projects may vary year to year.

Arctic Bay/Nanisivik – Health and Social Services Health Centre: 867-439-8873 Social Services: 867-439-8812 After hours: Above numbers will connect you to on call nurse and social worker.
Arviat – Health and Social Services Health Centre: 867-857-3100 Social Services: 867-857-3102 After hours: Above numbers will connect you to on call nurse and social worker.
Baker Lake – Health and Social Services Health Centre: 867-793-2816 Social Services: 867-793-2839 After hours: Above number will connect you to on call nurse and social worker.
Cambridge Bay – Health and Social Services Health Centre: 867-983-4500 After hours: Above number will connect you to on call nurse. Social Services: 867-983-2613 After hours: 867-983-4071
Cape Dorset – Health and Social Services Health Centre: 867-897-8820 Social Services: 867-897-8803 After hours: Above number will connect you to on call nurse and social worker.
Chesterfield Inlet - Health and Social Services Health Centre: 867-898-9968 Social Services: 867-898-9131 After hours: Above number will connect you to on call nurse and social worker.
Clyde River - Health and Social Services Health Centre: 867-924-6377 Social Services: 867-924-6014 After hours: Above number will connect you to on call nurse and social worker.
Coral Harbour - Health and Social Services Health Centre: 867-925-9916 Social Services: 867-925-8431 After hours: Above number will connect you to on call nurse and social worker.
Gjoa Haven - Health and Social Services Health Centre: 867-360-7441 Social Services: 867-360-6387 After hours: Above number will connect you to on call nurse and social worker.
Grise Fjord - Health and Social Services Health Centre: 867-980-9923 Social Services: 867-252-3865 After hours: Above number will connect you to on call nurse and social worker.
Hall Beach -Health and Social Services Health Centre: 867-928-8827 Social Services: 867-928-8953 After hours: Above number will connect you to on call nurse and social worker.

Igloolik - Health and Social Services

Health Centre: 867-934-2100
Social Services: 867-934-2120
After hours: Above number will connect you to on call nurse and social worker.

Iqaluit – Health and Social Services

Qikiqtani General Hospital
Telephone: 867-975-8600

Social Services
Telephone: 867-975-4850
After hours: Above number will connect you to on call social worker.

Kimmirut - Health and Social Services

Health Centre: 867-939-2217
Social Services: 867-939-2226
After hours: Above number will connect you to on call nurse and social worker.

Kugaaruk - Health and Social Services

Health Centre: 867-769-6441
Social Services: 867-769-7999
After hours: Above number will connect you to on call nurse and social worker.

Kugluktuk - Health and Social Services

Health Centre: 867-982-4531
Social Services: 867-982-7411
After hours: Above number will connect you to on call nurse and social worker.

Pangnirtung - Health and Social Services

Health Centre: 867-473-8977
Social Services: 867-473-8944
After hours: Above number will connect you to on call nurse and social worker.

Pond Inlet - Health and Social Services

Health Centre: 867-899-7500
Social Services: 867-899-8712
After hours: Above number will connect you to on call nurse and social worker.

Qikiqtarjuaq Health and Social Services

Health Centre: 867-927-8916
Social Services: 867-927-8863
After hours: Above number will connect you to on call nurse and social worker.

Rankin Inlet - Health and Social Services Health Centre: 867-645-8300 Social Services: 867-645-5064 After hours: Above number will connect you to on call nurse and social worker.
Repulse Bay - Health and Social Services Health Centre: 867-462-9916 Social Services: 867-462-4020 After hours: Above number will connect you to on call nurse and social worker.
Resolute Bay - Health and Social Services Health Centre: 867-252-3844 Social Services: 867-252-3865 After hours: Above number will connect you to on call nurse and social worker.
Sanikiluaq - Health and Social Services Health Centre: 867-266-8965 Social Services: 867-266-8738 After hours: Above number will connect you to on call nurse and social worker.
Taloyoak - Health and Social Services Health Centre: 867-561-5111 Social Services: 867-561-5625 After hours: Above number will connect you to on call nurse and social worker.
Whale Cove - Health and Social Services Health Centre: 867-896-9916 Social Services: 867-896-9062 After hours: Above number will connect you to on call nurse and social worker.

Appendix B --- Out of Territory Programs and Services Database

Centre for Addiction and Mental Health

Program: Child, Youth and Family Program
Services: outpatient services include: adolescent; better behaviours; gender identity; mood and anxiety disorders; psychiatric consultation; psychotic disorders; youth addiction and concurrent disorders; and youth outreach

Address: 250 College Street
Toronto, Ontario
Telephone Number: 416-593-6110
Website: www.camh.net

Charles J. Andrew Youth Treatment Centre

Alcohol and solvent abuse programs for youth aged 11 to 17. Treatment includes: assessment; alcohol and drug education; case management; client orientation; crisis intervention; consultation; cultural activities; individual and group counselling; and aftercare planning. Services include land base detoxification and dual addiction. 14 week treatment cycle, block intakes.

Address: P.O. Box 109
Sheshatshiu, Labrador
A0P 1M0
Telephone: 709-479-8995
Website: www.cjay.org

Children's Hospital of Eastern Ontario (CHEO)

The mental Health Program provides a range of inpatient and outpatient services for children and youth including prevention, early intervention, diagnostic and treatment services. CHEO mental health is in partnership with the Royal Ottawa mental Health Centre (Youth Program), psychiatric and mental health services are provided.

Address: 401 Smyth Road
Ottawa, Ontario
K1H 8L1
Website: www.cheo.on.ca

Country Haven Acres

Client-centered long term residential services for youth aged 12 to 18 years who are intellectually challenged and/or dual diagnosed who are difficult to place due to problematic behaviours (emotionally disturbed/behaviourally disordered youth). Program highlights – 4 Seasons Nature Program: participants engage in multiple outdoor activities; life skills; and on site school.

Address: 968 Hwy 572 Ease, R.R. #1
Emsdale, Ontario
P0A 1J0
Telephone: 705-636-9875

Haydon Youth Services Two therapeutic residential group homes for disturbed and disordered youth aged 12 to 18. Services include stabilization; psychological assessment; behaviour management; suicide ideation; anger management; and victims of sexual and physical abuse. Address: 220 Gibb Street Oshawa, Ontario L1J 1Y7 Telephone: 905-571-0731 Website: www.haydonyouthservices.com
Royal Alexander Hospital Child and Adolescent Psychiatry Unit – provides inpatient elective psychiatric assessment; short term treatment; and psychiatric emergency admission for stabilization and assessment. Address: Units 35 & 36; 3rd Floor Children's Pavilion 10240 Kingsway Avenue Edmonton, Alberta T5H 3V9 Telephone: 780-735-4635 Website: www.albertahealthservices.ca
Royal Ottawa Health Centre Group (ROHCG) Psychiatric assessment, treatment and rehabilitation for youth with serious and complex mental illness. Address: 1145 Carling Avenue Ottawa, Ontario K1Z 7K4 Telephone: 613-722-6521 Website: www.rogch.on.ca
Spirit of Our Youth Homes Provide group and semi independent living to Aboriginal youth. Services include aboriginal resource person; Elders; Aboriginal ceremonies; education; recreation; life skills; advocacy; crisis intervention; and family reunification. Address: 10534 – 106 Street, Edmonton, Alberta, T5H 2X6 Telephone: 780-474-7140 Website: www.spirityouth.ca

Ranch Ehrlo Society

A range of assessments, treatments, education, and support services to improve the social and emotional function of children and youth. Although services are provided to children, children under twelve are encouraged to seek family setting programs. Seventy percent of the Ranch's population is youth aged thirteen to eighteen. Services continue for youth over eighteen with severe emotional and mental challenges.

Address: Box 570, Pilot Butte, Saskatchewan S0G 32O
Telephone: 306-781-1800
Website: www.ehrlo.com

Appendix C --- Regional Program Questionnaire

Child and Youth Mental Health Services Questionnaire
Form 1 – Regional Programs

Interview Guide # 1: Regional Programs

The Qaujigiartiit Health Research Centre (AHRN-NU) is part of a tri-territorial health research network in Canada's north. Qaujigiartiit is currently working on a Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut. The purpose of this questionnaire is to ascertain child and youth mental health (CYMH) program and services delivery in Nunavut.

The information you provide during this interview will be used for the purposes of this project only. In writing the report specific opinions will not be linked back to you as the source of information, in order to ensure confidentiality.

Name of Department:____

Contact Name and Designation:_____________________________________

Region:____

Communities Covered:____

____

Phone Number:____

Email:____

Questions:

1). Does your department offer mental health/wellness programs to children aged 3 to 12?

If yes, please specify: ____

2). Are mental health/wellness programs offered to youth aged 13 to 19?

Please specify:____

3). What programs are utilized for out of territorial referral:_______________

4). Does your agency work with child and/or youth that have been diagnosed with mental illness? If so please describe (i.e. conduct disorder, ADHD, etc.)

5). Describe what services your department offers on a regular basis (i.e. counselling; alcohol and drug counselling; diagnostic assessments; individual education plan; food bank; clothing exchange; etc) :

6). Please list visiting mental health specialist (designation and rotation i.e. psychiatrist every six months)

7). Do you feel the needs of child and youth with mental illness or issues are being met in the territory?

8). What other, if any other programs or services do you feel would benefit children and youth dealing with mental health issues?

9). Other comments

Appendix D --- Hamlet Program Questionnaires

Child and Youth Mental Health Services Questionnaire
Form 2 – Hamlet Programs

Interview Guide # 2: Hamlet Programs

The Arctic Health Research Network (AHRN) – Nunavut is part of a tri-territorial health research network in Canada's north. AHRN is currently working on a Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut. The purpose of this questionnaire is to ascertain child and youth mental health (CYMH) program and services delivery in Nunavut.

The information you provide during this interview will be used for the purposes of this project only. In writing the report specific opinions will not be linked back to you as the source of information, in order to ensure confidentiality.

Name of Agency:____

Contact Name and Designation:____

Hamlet/Community:____

Phone Number:____

Email:____

Questions:

1). Does your agency offer mental health/wellness programs to children aged 3 to 12?

If yes, please specify: ____

2). Are mental health/wellness programs offered to youth aged 13 to 19?

Please specify:_____

3). Do you refer to out of territorial programs, if so where:

4). Does your agency work with child and/or youth that have been diagnosed with a mental illness? If so please describe (i.e. conduct disorder, ADHD, etc.)

5). Describe what services your program offers on a regular basis (i.e. counselling; diagnostic assessments; drug and alcohol counselling; food bank; clothing exchange etc) :

6). Describe community initiatives your agency has participated in to address wellness in your community (i.e. embrace for life walk; food drive; etc.)

7). List past programs (within the last two years) your agency has provided to address CYMH issues that are no longer funded

8). Do you feel the needs of child and youth mental health issues are being met in the territory?

9). What other, if any other programs or services do you feel would benefit children and youth dealing with mental health issues?

10). Other Comments