Our Minds Matter

A Youth-Informed Review of Mental Health Services for Young Nunavummiut

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NUTAQQANUT INULRAMIRNULLU
UQAQTIKHAANIK

REPRÉSENTANT DE
L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

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CHILDREN AND YOUTH

If you or someone you know is in need of support, please reach out to one of these resources.

KAMATSIAQTUT HELP LINE

Kamatsiaqtut Help Line provides free, anonymous, and confidential telephone counselling for northerners in crisis, 24 hours a day, seven days a week. Services are available in English, and may be available in French and Inuktitut.

- Toll Free **1 (800) 265-3333**
- In Iqaluit **1 (867) 979-3333**

HOPE FOR WELLNESS HELP LINE

The Hope for Wellness Help Line offers free, confidential, culturally competent counselling and crisis intervention to all Indigenous peoples across Canada, 24 hours a day, seven days a week. If asked, counsellors can work with you to identify follow-up services. Services are available in English and French, and in Inuktitut upon request.

- Toll Free **1 (855) 242-3310**
- Live chat **www.hopeforwellness.ca**

KIDS HELP PHONE

Kids Help Phone is always there for you. No matter what you want to talk about, they are ready to listen. Kids Help Phone provides free, confidential, no judgment professional counselling geared to young people, 24 hours a day, seven days a week. Services are available in English and French.

- Toll Free **1 (800) 668-6868**
- Text **686868** (no data plan, internet connection, or app required)
- Live chat **www.kidshelpphone.ca**

INDIAN RESIDENTIAL SCHOOL CRISIS LINE

The Indian Residential School (IRS) Crisis Line provides former IRS students and their families with free and confidential, cultural and emotional counselling, and support services, 24 hours a day, seven days a week. Services are available in Inuktitut, English, and French.

- Toll Free **1 (866) 925-4419**

The IRS Resolution Health Support Program helps provides eligible persons with assistance for transportation costs when counselling and cultural support services are not locally available. Services are available in English and French.

- Northern Program Coordinator, Health Canada
  Toll Free **1 (866) 509-1769**

If you or someone you know is in need of support, please reach out to one of these resources.

GOVERNMENT OF NUNAVUT EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

This assistance program provides Government of Nunavut employees and their immediate family with free, confidential counselling, 24 hours a day, seven days a week. Many resources are available, such as mental health and addiction support, psychology, and online courses. Services are available in English and French, and Inuktut through an interpreter.

- Toll Free **1 (800) 663-1142**
- **www.homewoodhumansolutions.com**

VETERANS AFFAIRS CANADA ASSISTANCE SERVICES

Retired Canadian Rangers, Royal Canadian Mounted Police (RCMP), their families, and caregivers have access to free, confidential counselling from a mental health professional, 24 hours a day, seven days a week. Services are available in English and French.

- Toll Free **1 (800) 268-7708**

MENTAL HEALTH AND ADDICTIONS

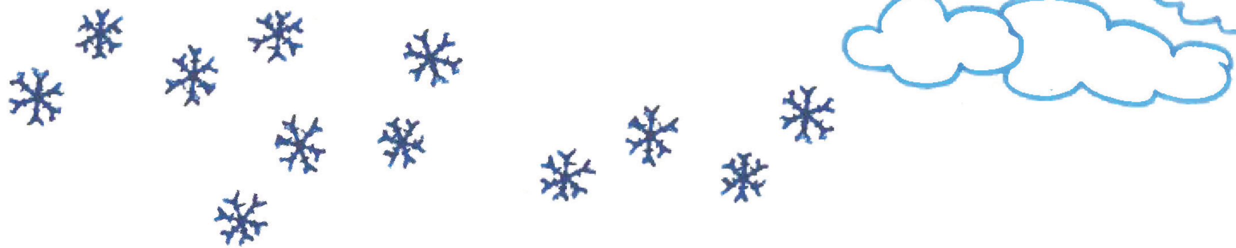
Free, confidential mental health and addictions support is available at community health centres and at Iqaluit mental health. Psychologists and other mental health professionals are available through Telehealth. Referrals and medical travel are provided when services are not locally available.
Services are available in English, and Inuktut and French through an interpreter.

- Visit your community health centre for an appointment and emergencies
- Iqaluit Mental Health **(867) 975-5999**
- Qikiqtani General Hospital, Emergencies **(867) 975-8600**

CULTURAL WELLNESS AND HEALING IN NUNAVUT

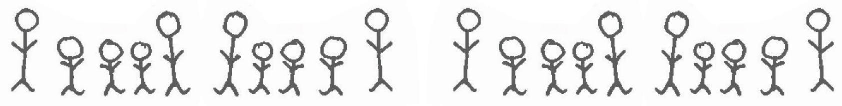
- Cambridge Bay Wellness Centre: **1 (867) 983-4670**
- Ilisaqsivik Society in Clyde River: Toll Free Counselling Line **1 (888) 331-4433**
- Pulaarvik Kublu Friendship Centre in Rankin Inlet: **1 (867) 645-2600**
- Tukisigiarvik Society in Iqaluit: **1 (867) 979-2400**

Source: Adapted from the Nunavut Suicide Prevention Strategy Partners' "There is Help" Handout.



This report is informed by the VOICES of YOUNG NUNAVUMMIUT in SUPPORT of their RIGHTS.

We dedicate this report to the children and youth of Nunavut.
You have spoken and we have heard you.



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Her artwork is displayed throughout this report.

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for the time they dedicated to our review and the feedback they provided.

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Adamie's Story

One young person's experience with mental health services in Nunavut

As a child, Adamie[a] experienced a traumatic event. Over the two years following the event, his behaviour became progressively violent and impulsive, having a negative impact on his family, school, and community relationships.

When our office was notified of Adamie's situation by a Government of Nunavut service provider, we began work to bring together a variety of government service providers to determine the best path forward for Adamie. The plan for Adamie needed to take into consideration all of the factors that were affecting him; his emotional state, his physical health, and his mental health — he needed a holistic plan.

Staff from Adamie's school, a community social services worker (CSSW), and a child and youth advocacy specialist from our office participated in a meeting via teleconference to develop a plan for Adamie. Ideally, Adamie and his family would have attended this meeting as well, but Adamie was young and not yet able to understand the complexities of the discussion, and various service providers had encountered difficulties building trust and engaging with Adamie's family. A mental health service provider[b] did not attend the meeting because the position was vacant in the community at that time. As a result of the meeting, a referral for Adamie was submitted to mental health services.

Over the next four months, four temporary mental health service providers cycled through the community, which contributed to delays in the processing of Adamie's referral for mental health services. None of the mental health service providers had training to work with young clients, resulting in the need for a referral to services outside the community. When his referral was eventually processed by the third mental health service provider, our office learned that it was sent to a paediatrician instead of directly to The Hospital for Sick Children's Mental Health TeleLink (TeleLink) Program.[c] This course of action had the potential to cause even further delays as the paediatrician was not scheduled to return to the community until three months after the referral was forwarded to the paediatrician.

Our office questioned why Adamie's referral was not made directly to TeleLink. None of the service providers in the community seemed to be familiar with the program. We informed them that a direct referral from the community's health centre could be made for these services, with a turnaround time for an appointment of approximately two weeks. Our office contacted the TeleLink manager to get accurate details on how to make a referral and then provided the referral pathway to all of the community's service providers.

Four months after our office's involvement began, another new mental health service provider arrived in the community. This service provider worked closely with the staff at Adamie's school and the CSSW to explain the importance of the assessment and the need for parental consent for Adamie to participate in the TeleLink program.

Within three weeks of the fourth mental health service provider's arrival in the community, Adamie and his parents attended a mental health assessment via a TeleLink session. Although a number of meetings had taken place with the mental health service provider to explain the benefits of the appointment and to obtain parental consent and participation, this appointment was the first time Adamie received mental health services – more

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[a] Name has been changed to protect the privacy of the child and family.

[b] A mental health service provider refers to a mental health nurse or mental health consultant who works in the territory.

[c] Information describing the TeleLink Program can be found on page 16.

than five months after the need for the services was identified. The TeleLink psychiatrist determined that Adamie and his family needed to attend family counselling; a service only available outside of Nunavut.

Originally not all family members were comfortable participating in family counselling outside of the territory. After six months of working with the family to build trust, the mental health service provider, who remained stable in the community throughout this period of time, was able to obtain consent for treatment from all family members. Work immediately proceeded to secure a three-month family counselling contract at an appropriate facility outside of the territory. Almost one year after Adamie was first referred to mental health services in his community, he and his family departed to begin treatment together.

Representative's Executive Summary

Our Minds Matter is the first systemic advocacy report produced by the Representative for Children and Youth's Office. The report focuses on mental health services for children and youth in Nunavut, a topic of concern that has been raised repeatedly to the attention of our office by many Nunavummiut.

Adamie's story, on page 1, is just one of the many stories that reflect the unacceptable reality that young people often face when seeking mental health services and supports in Nunavut. It is a story that highlights the lack of child-and-youth-specific mental health services in communities and in the territory, process confusion amongst government service providers, position vacancies, an over-reliance on a transient workforce, and a lack of trust in the system. It is a story that results in Adamie and his family leaving Nunavut, after a significant delay, to access the mental health services and supports they need. It is a story that is all too common for many young Nunavummiut and their families.

By engaging with young people from across the territory, our office gained valuable insight about mental health services from their perspective. Young Nunavummiut also provided us with very specific ideas about how to improve the mental health system to better meet their needs. Being able to share their experiences and ideas about how to move forward was a very important part of our review. In addition to carefully considering what young people had to say, we also heard from mental health service providers, other service providers who work with children and youth regularly (e.g. teachers, nurses, etc.), and members of the public. Our review also entailed examining extensive documentation from Government of Nunavut (GN) departments, interviewing key informants from GN departments and Inuit organizations, and conducting media and literature reviews. The result is this report: a comprehensive, youth-informed review of mental health services for children and youth in Nunavut.

Some of the most poignant findings from our work were that eighty-two percent of GN service providers, who participated in the review, told us that they do not feel the availability of mental health services for young people in Nunavut is meeting their needs and 72% reported that the quality of the services available is not adequate. These statistics come directly from the territory's workforce, most of whom work with children and youth on a daily basis. Their perspective is of great value given the important role they play in the lives of young Nunavummiut. Not surprisingly, among the general population, who participated in the review, these numbers were even higher at 91% and 83% respectively. Although it was evident throughout our review that there are people working hard to provide mental health services for young people in the territory, a tremendous amount of systemic change must occur in order to provide access to the quality of mental health services that children and youth in Nunavut have a right to.

Over the course of our review, we repeatedly heard several key points being raised, which resulted in five themes emerging from the information that was gathered. These themes underscore an overall sense that Nunavummiut want increased access to age-appropriate and culturally-relevant mental health services in Nunavut. Also, as stated in our past three annual reports, services for young people must be well-coordinated, ensuring a holistic approach to care is provided. This is particularly true for mental health services.

The five themes and 15 recommendations outlined below should serve as a starting point for the GN to develop a holistic and collaborative mental health strategy for children and youth in Nunavut. The conduct of this review, as well as the development of these recommendations, was guided by the Inuit societal values of *tunnganarniq*, *inuuqatigiitsiarniq, piliriqatigiinniq, pilimmaksarniq, pijitsirniq, and qanuqtuurniq*. Implementing these recommendations is essential to realizing the GN's commitment to upholding young Nunavummiut's rights under the United Nations *Convention on the Rights of the Child*.

Mental Health in Schools

1. The Department of Health and the Department of Education collaborate to ensure a full range of mental health services, including universal programming, targeted interventions, and intensive interventions are delivered in Nunavut schools.

2. The Department of Education ensure that all school staff, including *Ilinniarvimmi Inuusilirijiit*, guidance counsellors, teachers, support staff, and principals, receive basic mental health training on how to connect children and youth with appropriate mental health services and how to support them while this connection is being made.

3. The Department of Education enhance mental health literacy in schools.

4. The Department of Education, in consultation with the Department of Justice, immediately address the consent barrier that exists when students who may benefit from mental health services are identified in the school environment.

Residential Mental Health Services and the Continuum of Care

5. The Department of Health ensure that contracts that adequately meet service demands are established for out-of-territory mental health services for children and youth where these services are not currently available in Nunavut, and ensure that children and youth receive appropriate aftercare and follow-up upon return to their home communities.

6. The Government of Nunavut establish an in-territory facility that offers residential mental health treatment for children and youth, including, but not limited to, psychiatric, psychological, behavioural, and counselling services. These services should incorporate family engagement and healing and be grounded in Inuit knowledge, culture, and parenting practices.

7. The Department of Health implement recommendations iii(4) and iii(5) from the 2015 Coroner's Inquest into Suicide, and apply these recommendations in cases of suicidal ideation in addition to suicide attempts. These recommendations state, in part, that the Government of Nunavut,

   Recommendation iii(4)

   > Establish a formal follow-up protocol for individuals who have attempted suicide by April 2016.

Recommendation iii(5)

Change the Mental Health Act to allow for family to be contacted and immediately involved after a suicide attempt regardless of the age of the person who has attempted suicide. This should be systematic, and it requires also that Mental Health workers receive training and re-orientation to always develop safety plans and conduct counselling with the family present. This is a new recommendation that involves allotment of resources to re-training and a change in orientation to a more family and community intervention approach.

To supplement recommendation iii(5), we further recommend adding the option of an alternative adult if a family member is deemed inappropriate.

Mental Health Workforce

8. The Department of Health clarify the position titles, roles, responsibilities, and reporting structure of all mental health-related positions to ensure children and youth are connected with the existing services that best fit their needs.

9. The Department of Health:

- **a.** finalize and deliver a comprehensive training program, that includes a substantial focus on delivering supports to children and youth, to mental health and addictions outreach workers; and
- **b.** ensure that in communities with more than one mental health and addictions outreach worker, one of these positions is dedicated to working with children and youth.

10. Nunavut Arctic College, in partnership with the Department of Health, offer professional education programs that build the capacity of the mental health workforce in Nunavut, and that these programs offer a focus or specialty related to child and youth mental health.

11. The Department of Health, or any other department hiring a mental health service provider:

- **a.** engage the services of Elders or cultural consultants to guide the delivery of mental health services; and
- **b.** offer an ongoing spectrum of cultural competency training and ensure that a minimum of one component is completed prior to the start of employment.

Awareness and Barriers

12. The Department of Health increase public and service provider awareness of existing mental health services available for children, youth, and their families.

13. The Department of Health develop a youth-informed public awareness campaign for children, youth, and their families to reduce mental health stigma.

14. The Government of Nunavut, under the leadership of the Department of Executive and Intergovernmental Affairs, develop and implement an interdepartmental service coordination protocol for the delivery of child and youth-related services.

Recreational, Cultural, and Leisure Activities

15. The Department of Community and Government Services, in partnership with the Department of Culture and Heritage, hamlets, and young Nunavummiut, develop and implement a territorial child and youth recreation strategy and action plan.

Much of what we heard during our review has been said before and some of the recommendations made in this report have been raised before. However, until children and youth are able to access the mental health services they need and — have a right to — in their own territory, we will continue to urge the GN to implement these recommendations. We will continue to stand alongside young people and advocate for change on their behalf.

As adults, the future of young Nunavummiut rests with us and our future rests with them. We cannot continue to accept things as they are. We cannot expect outcomes to change without committing to a significant investment and shift in how we support the mental health needs of young Nunavummiut. And, if this type of investment and shift does not occur, then we can no longer continue to be shocked by staggering youth suicide statistics, and outraged when hurt and helplessness disguise themselves as undesirable behaviour affecting our communities.

Under my authority outlined in section 35(2) of the *Representative for Children and Youth Act*, it is my pleasure to present the first systemic report from Representative for Children and Youth's Office.

Young Nunavummiut have spoken. It is time we listen.

Respectfully,

Sherry McNeil-Mulak
Representative for Children and Youth

Introduction

The Representative for Children and Youth (Representative) is an independent officer who works to ensure the Government of Nunavut (GN) supports and protects the rights and interests of young people living in Nunavut (Nunavummiut). The Representative's duties and powers are established in the *Representative for Children and Youth Act* (RCYA).

The mandate of our office includes the following key duties as outlined in the RCYA:

- Ensure children and youth's rights and interests (individually and collectively) are protected and advanced, and that departments of the GN and its designated authorities hear and consider the views of children and youth on matters that affect them;
- Ensure children and youth can access GN services and that the GN considers their concerns about those services;
- Help children, youth, and their families communicate with GN service providers, to improve understanding between them;
- Inform the public about the rights and interests of children and youth, and the roles and responsibilities of the office;
- Provide advice and recommendations to the GN on how to make its programs, services, laws, and policies better for children and youth in Nunavut.

As laid out in the RCYA, a child is a person under 16 years of age, while a youth is between 16 and 19 years of age. Under the RCYA, there are exceptions where a person can be considered a youth until 26 years of age.[1]

The Representative for Children and Youth's Office (RCYO) is guided by the United Nations *Convention on the Rights of the Child*,[2] Inuit societal values, national advocacy standards established by the Canadian Council of Child and Youth Advocates (CCCYA), and the voice of the child.

This is the RCYO's first systemic review. Its focus is on mental health services for children and youth in Nunavut. Concerns related to mental health services for children and youth were one of the first systemic issues recorded by the RCYO. In fact, it was an issue brought to the RCYO's attention prior to the office opening. It is an issue that was not only raised early, but has also been raised frequently by multiple sources, including youth, the Legislative Assembly of Nunavut (Legislative Assembly), the RCYO's individual advocacy clients, community members, and GN service providers from various departments.

Mental health services for children and youth also received the highest priority ranking when the office applied its issue categorization and prioritization tool (ICP) to all of the systemic issues in our database. The ICP tool, developed by the RCYO's systemic advocacy team, poses 12 questions that help the office to assess an issue from different angles. Each question has its own point value and the values combined provide a total score. The higher the score, the higher the priority placed on the issue. Mental health services for children and youth received a score of 18 out of a possible 21 points.

Across all aspects of our work, it became clear that gaps in/lack of mental health services for children and youth was a concern for many Nunavummiut — including, and most importantly, children and youth themselves.

This review was conducted to gain a better understanding of the current state of mental health services for children and youth in Nunavut and to determine what young Nunavummiut would like these services to be. Young Nunavummiut deserve mental health services that help them survive, thrive, and meet their fullest potential. This review begins to lay the groundwork of what is required to achieve adequate mental health services for children and youth in Nunavut according to their rights under the United Nations *Convention on the Rights of the Child*.

FIGURE 1: MENTAL HEALTH TERMINOLOGY

Throughout this report, a number of terms are used when speaking about mental health to maintain the accuracy of works cited and quotes provided. Definitions that may be useful are:

Mental illness refers to the wide range of diagnosable mental disorders. Mental illnesses can change a person's thinking, mood, or behavior. Mental illnesses affect functioning in one or more areas of a person's life, such as school, social, or family interactions. An example of a mental illness is depression.

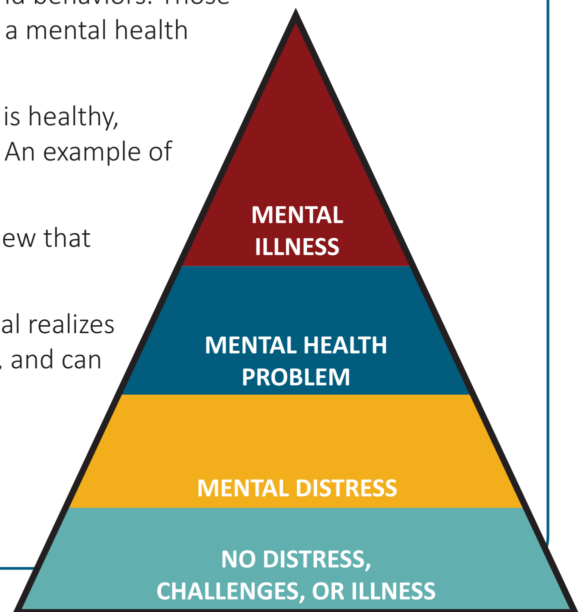
A **mental health problem** is a change in thoughts, feelings, and behaviors. Those changes can affect our ability to function well. An example of a mental health problem is grieving.

Mental distress is the difficulties of daily life. Mental distress is healthy, inevitable, and a necessary part of growth and development. An example of mental distress is disappointment.

Mental health issue is an umbrella term used within this review that captures mental illness, problem, and distress.

Mental health is a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, and can contribute to their community.

Stigma refers to the negative attitudes toward people with a mental illness, and the negative behaviours that result. It is a major barrier preventing individuals from asking for support.



Source: Adapted from Kutcher, S., & Wei, Y. (2017), Mental Health & High School Curriculum Guide, Version,[3] *with additional definitions from the World Health Organization (2014),*[4] *and the Mental Health Commission of Canada (2012).*[5]

Child and Youth Mental Health and the Nunavut Context

Mental health is defined by the World Health Organization (WHO) as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[6] Mental health is fundamental to our ability to think, express emotion, interact with each other, and enjoy life.[7] A review of multiple definitions of mental health provided by other organizations[d] reveals that while the definitions vary slightly, mental health is commonly referenced as a holistic term encompassing a variety of factors, such as physical and emotional health; school, community and relationships; and spiritual and cultural identity.

The prevalence of mental illness among young people and the strong association between poor mental health and significant health and development concerns is well-established, yet, the mental health needs of youth are rarely met.[8] When mental health and mental illness in Canada were examined by a Standing Senate Committee[e] (Committee) in 2006, the chair of this committee declared children's mental health services to be "the most neglected piece" of the Canadian health care system.[9]

With this in mind, one of the recommendations made by the Committee was to create a mental health commission. In 2007, the federal government created the Mental Health Commission of Canada (MHCC).[10] Five years after the MHCC[11] was created, they released Canada's first mental health strategy, which prioritized increasing "the capacity of families, caregivers, schools, post-secondary institutions and community organizations to promote the mental health of infants, children, and youth, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge."[12]

This national strategic priority emphasizes the importance of timely intervention for children and youth as it is estimated that up to 70% of mental health problems and illnesses begin in childhood or adolescence.[13] Young people between the ages of 15 and 24 years have been found to have higher rates of mood disorders, such as depression, when compared to other age groups.[14] Each year, it is estimated that 1.2 million children and youth in Canada are affected by mental illness — less than 20% will receive appropriate treatment.[15]

It is estimated that up to 70% of mental health problems and illnesses begin in childhood or adolescence.

In Nunavut, between April 1, 1999, and December 31, 2017, 545 Inuit died by suicide. Of those individuals, more than half — 62% — were under the age of 25.[16] Information collected from the Department of Health revealed that between 2011-2016,[f] 2,766[17] visits were recorded in health centres and the Qikiqtani General Hospital (QGH)[g] for children and youth accessing services for "other symptoms and signs involving emotional state."[h] While the same person may visit a health centre or QGH numerous times with the same concern, in 2015, 269 individual young Nunavummiut accessed services at health centres and QGH for "other

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[d] Inuit Tuttarvingat, the Qaujigiartiit Health Research Centre, and the National Aboriginal Health Organization

[e] The Standing Senate Committee on Social Affairs, Science and Technology

[f] Information received from the Department of Health for children and youth younger than 19 years of age who accessed health services regarding a mental and behavioural disorder, abuse, and self-harm between fiscal years 2011-2016

[g] Data from the Qikiqtani General Hospital was not included in the information provided for fiscal year 2016.

[h] Code R45.8 in the International Classification of Diseases v.10 (ICD-10), "Other symptoms and signs involving emotional state" would capture suicidal ideation

symptoms and signs involving emotional state" alone. While these numbers support that some children and youth in the territory are accessing services through the Department of Health, a review of our office's first 258 individual advocacy cases[i] indicates that those who seek mental health support from government are encountering challenges with the services provided. Of these 258 individual advocacy cases, 99 involved the Department of Health, 59 of which involved mental health services. This means that almost one quarter of all our office's individual advocacy cases (23%), and more than half of the cases involving the Department of Health (60%), pertain to difficulties that young Nunavummiut encounter with mental health services in Nunavut.

60%

of all health-related cases opened by our office pertain to mental health services.

To a great extent, mental health is shaped by the social, economic, and physical environments people live in.[18] The social determinants of health, or "the conditions in which people are born, grow, live, work, and age"[19] must be considered when understanding the factors that influence young Nunavummiut's overall health and mental health.

In 2007, Inuit Tapiriit Kanatami (ITK), the national representative organization that protects and advances the rights and interests of Inuit in Canada,[20] submitted a discussion paper to the WHO that outlined the social determinants relevant to Inuit health. This document was further revised in 2013.[21] The purpose of the document was to act as a resource in support of ongoing work in public health activities across Inuit regions in Canada, and to function as a reference for organizations and governments working within the health sector. ITK articulated 11 factors as the key social determinants of Inuit health.[22] These factors are presented in Figure 2.

While social determinants of health influence overall health status, risk factors, that increase the likelihood that a person will develop poor mental health, and positive protective factors that reduce the likelihood, also exist. These factors are presented in Figures 3 and 4 respectively.

[i] As of December 31, 2018

Comparing the key social determinants of Inuit health and the risk factors that contribute to poor mental health outcomes reveals obvious areas of overlap. For instance, food security is a key determinant and food insecurity a risk factor. These areas of overlap are particularly important when considering relevant aspects of the Nunavut context, captured in the following statistics:

- Nearly 70% of Inuit homes are food insecure, which is eight times higher than the Canadian average;[23]
- Approximately 39% of Inuit in Nunavut live in crowded homes,[j] compared to 4% of the non-Indigenous population;[24]
- In 2017-2018, 519 persons, 268 of whom were children, were admitted to family violence shelters in Nunavut;[25]
- In 2014, the rate of sexual assault offences[k] was nine times higher in Nunavut compared to the national average.[26]

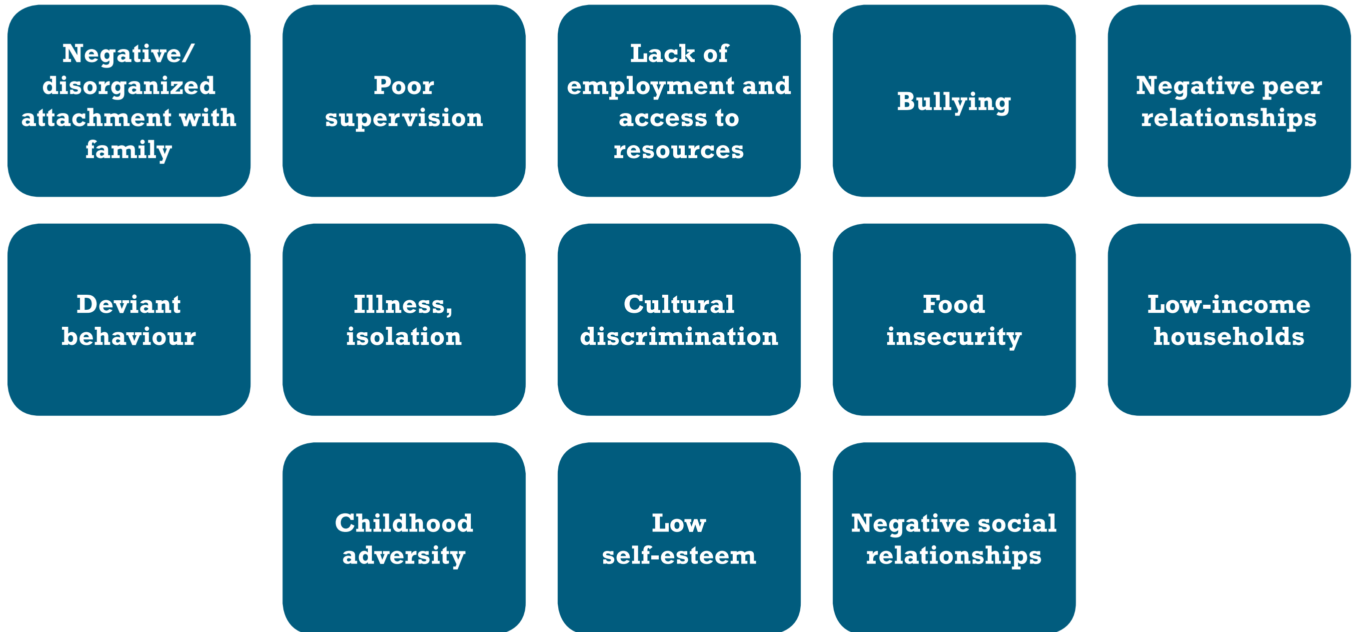
FIGURE 2: KEY SOCIAL DETERMINANTS OF INUIT HEALTH[27]

Source: Adapted from ITK, Social Determinants of Inuit Health in Canada (2014).

[j] Defined as more than one person per room by Statistics Canada

[k] Only captures police-reported sexual assault offences

FIGURE 3: RISK FACTORS THAT CONTRIBUTE TO POOR MENTAL HEALTH



Source: Qaujigiartiit Health Research Centre (2018).

FIGURE 4: POSITIVE PROTECTIVE FACTORS FOR MENTAL HEALTH

Source: Qaujigiartiit Health Research Centre (2018).

Historical events in Nunavut have had a direct impact on these factors, thereby affecting the Inuit population. It has been documented that colonial policies and processes have had a negative impact on the individual and collective identity of Indigenous communities in Canada and around the world.[28] Colonial practices and events such as relocation, residential schools, the dog slaughter, tuberculosis relocation, and the use of a numerical identification system for Inuit have undermined Inuit language, culture, spirituality, traditions, and beliefs.[29]

Colonial policies contributed to the loss of some traditional knowledge and practices,[30] and the rapid changes Inuit experienced with respect to the move from "living nomadically on the land to living and working in permanent communities"[31] upset kinship structures and social organization. The erosion of the Inuit way of life has been considered a contributing factor to a number of social issues, including family breakdown, family violence, child abuse, and addictions.[32] While it is important to acknowledge the impact that historical events have had on the Inuit population, it is equally important to acknowledge that Inuit have made significant strides over the past several decades in realizing self-determination.

Past government policies, actions, or inaction has resulted in a higher need for supports and services in Nunavut than many other jurisdictions in Canada. Until adequate and culturally appropriate services are made available in the territory, the unmet needs will likely remain elevated. This is particularly important when considering that the experience of historical trauma and inter-generational grief can be described as "psychological baggage being passed from parents to children along with the trauma and grief experienced in each individual's lifetime."[33] Recently, medical and social science research has come to question Western-colonial approaches to mental health services and treatments that do not take into consideration historical and cultural contexts.[34] This research aligns with information provided to our office throughout our review, as well as observations made in other aspects of our office's work.

Information on the social determinants of Inuit health, the risk and protective factors relating to mental health, and historical events impacting the Inuit population can readily be found in the literature that was gathered for this review. However, it is the comments and connections made by those who participated in our review that highlight how these factors are impacting the lives of young Nunavummiut. For example, when asked about the challenges that children and youth face with respect to mental health services, adult participants in our review replied that, "food cannot be a barrier…to services. A full stomach child is functioning better than an empty stomach child, and that affects their mental health",[35] that "having children with food in their system will promote higher learning and aid in mental health",[36] and that "mental health is also linked to food – food is medicine."[37] These comments highlight the importance of access to safe, sufficient, and nutritious food with respect to a person's physical and psychological health,[38] and are reflective of the key social determinants of Inuit health and the risk and protective factors for mental health.

Housing was also often mentioned by participants as being related to the mental health of children and youth. The United Nations *Convention on the Rights of the Child* includes the right to an adequate standard of living, yet, it is well-documented that there is a severe shortage of adequate housing in Nunavut.[39] It is not uncommon to find three and four generations of large families living in a small unit meant to house one nuclear family.[I][40] Inadequate and overcrowded housing has been associated with higher levels of domestic violence and abuse, putting children in unacceptably vulnerable situations.[41] One adult review participant commented, "I think overcrowding in houses contributes to many of our issues. Children cannot get away from abusive situations or places that are causing them distress"[42] while another stated, "Housing and food insecurity also contribute to stress for families and children and are part of the equation to improve mental health for all."[43]

A study that examined adverse childhood experiences, such as witnessing domestic violence and abuse, revealed that 80% of childhood and adolescent suicide attempts are attributable to adverse childhood experiences.[44] It has

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I According to Encyclopaedia Britannica, a nuclear family refers to a pair of adults and their children.

also been reported that “higher rates of early childhood adversity put people at greater risk for stress and negative health outcomes – including psychological distress, suicidal thoughts and suicide attempts – over their entire life course.”[45] Ensuring children have a safe place to live, are protected from all forms of violence, and receive the help they need to promote their physical and psychological recovery as a victim of violence or abuse, are all rights laid out in the United Nations *Convention on the Rights of the Child*.[46]

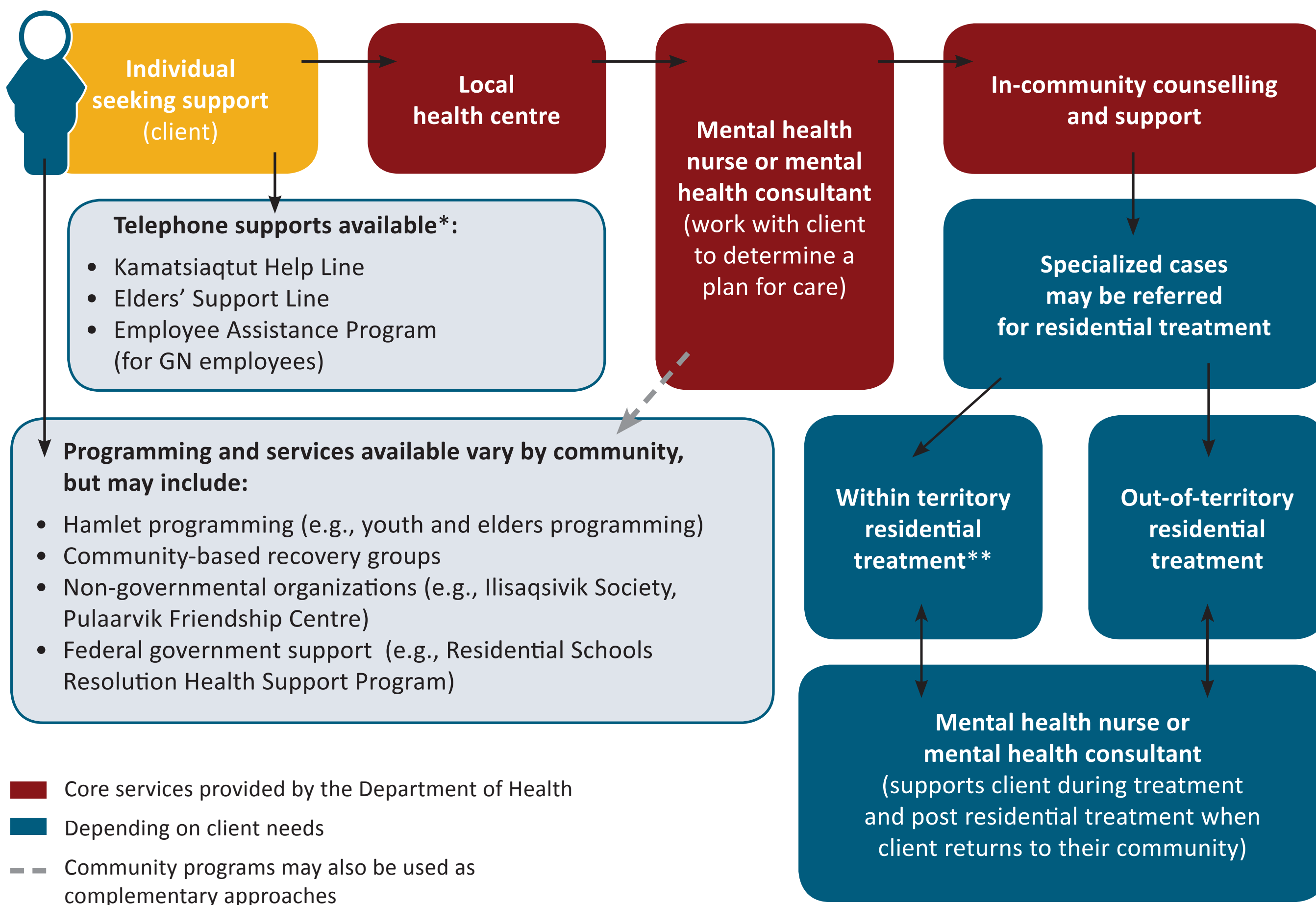
Throughout our review, requests were made for education and support for parents to help strengthen parenting skills and guide children through positive role modelling. One adult participant called for “family support workers that not only worked with children but with parents to build success from the inside of the family structure.”[47] It is important to note that while connections between parenting and the mental health of children and youth were made within this review, connections between parenting and the historical context of Nunavut were also made. As explained by ITK, residential schooling “created a rift between elders and youth, inhibiting the intergenerational exchange of traditional knowledge, cultural values, parenting skills and language that is crucial to healthy relationships and identity formation.”[48] The legacy of these schools “is often cited as a source of ‘community trauma’ that continues to affect the health and mental well-being of Inuit today.”[49] This legacy is referenced in one adult participant’s survey response; the participant’s primary concern with respect to mental health services for children and youth was “what we parents are doing to our children. I experienced trauma from my parents [sic] residential school trauma and I know I’m putting it onto my kids now too.”[50]

Consideration of the key social determinants of Inuit health, risk and protective factors relating to mental health, the historical context of Nunavut, and comments made by participants in our review all speak to the importance of meeting children and youth’s needs — including basic needs such as food, housing and safety — in order to support their mental health. While our review specifically focuses on mental health services for children and youth in Nunavut, we feel it is important to acknowledge that the focus of our review does not diminish the GN’s obligation, and the urgency required, to address unmet basic needs in the territory.

Mental Health Services Available to Nunavut's Children and Youth

Mental health programs and services available to Nunavummiut vary across Nunavut's 25 remote, fly-in communities. Available mental health services may include in-community counselling and support from mental health service providers, such as a mental health nurse or a mental health consultant, with specialized cases being referred for treatment out-of-territory. Some communities may have hamlet programming for youth or community-based recovery groups. Figure 5 gives an overview of the Department of Health's path to accessing mental health and addiction services in Nunavut.

FIGURE 5: ACCESSING MENTAL HEALTH AND ADDICTIONS SERVICES IN NUNAVUT



* Additional resources can be found at the beginning of this report.

** Residential services are for individuals 18 years and older.

Source: Adapted from the Department of Health's Accessing Mental Health and Addictions Services in Nunavut Flowchart and Q&A (2018).

In addition to mental health service providers, the Department of Health also has child and youth outreach workers,[m] who provide outreach support to schools and other areas in the community where youth are present, although this is dependent on staffing within a community.[51] Child and youth outreach workers may refer children and youth who require additional support to a mental health nurse or mental health consultant.

The TeleLink Mental Health program (TeleLink), which is not depicted in Figure 5, offers psychiatric services for children and youth via telehealth, which is when health care is provided from a distance through electronic information and telecommunication technology, such as the telephone or video calling. TeleLink began in Nunavut in 2014 as a 3-year pilot program, and is a partnership between the Department of Health's Mental Health and Addictions Team and The Hospital for Sick Children (SickKids).[52] According to SickKids, TeleLink "provides families and mental health providers in Nunavut communities access to child and adolescent psychiatrists and other mental health professionals through the delivery of clinical assessments, program consultations, and educational sessions."[53]

For clinical assessments, a SickKids psychiatrist assesses the client from Toronto via telehealth and provides recommendations that could include a diagnosis and treatment options. Recommended treatment options may include follow-up or medications, the implementation of which is the responsibility of the service provider in the community.[54] According to the Department of Health, TeleLink is used in tandem with the care provided by a client's mental health service provider.[55] However, as part of an evaluation of the program, "respondents generally felt that the TeleLink program is not well-known and that providers are not accessing the program as much as they could be."[56] It was further reported during our review that the integration of TeleLink into health care delivery in Nunavut requires improvement.

While there are two adult mental health facilities in Nunavut, including Akausisarvik Mental Health Treatment Centre in Iqaluit and the Cambridge Bay Mental Health Treatment Facility, there are no mental health facilities for children and youth in the territory. There is a Youth Wellness Team, based out of the Akausisarvik Mental Health Treatment Centre, consisting of three wellness counsellors.[57] The team provides drop-in counselling, drop-in programming, school outreach, visits to the City of Iqaluit's Youth Centre, and has worked with youth at the young offenders' facility, also located in Iqaluit.[58] Throughout our review, comments about the Youth Wellness Team in Iqaluit were very positive. However, the three positions that comprise the team are casual[n] positions,[59] which was another challenge reported during our review. The team's wellness counsellors carry caseloads of up to 20 young people at one time, while those who require supports that are more specialized may be referred to TeleLink.[60]

During our review, it was reported that youth who are involved with the youth criminal justice system are often connected with mental health resources through the Isumaqsunngittukkuvik Young Offenders Facility in Iqaluit. The services that youth offenders may receive include access to an in-house clinician or referral to the Youth Wellness Team in Iqaluit. However, it was reported that upon release, youth "tend to fall off the rails."[61] While it is encouraging to hear that youth offenders are connected to mental health services and supports, this connection should not be dependent upon involvement with the youth criminal justice system. The same level of access to mental health services and supports needs to be available to all young Nunavummiut.

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[m] There were three child and youth outreach workers employed in the territory as of December 2018.

[n] As outlined in Section 903 of the Department of Finance's Human Resources Manual, "a casual is an employee hired for a period of four months or less to do work of a temporary nature."

There are a number of toll-free help lines available to young Nunavummiut, including Kamatsiaqtut Help Line, Hope for Wellness Help Line, and Kids Help Phone. Information received from the Department of Health, which provides funding to Kamatsiaqtut Help Line, identified that usage in Nunavut is very low for these three helplines.[62]

In June 2018, Kids Help Phone announced that through a new texting service, any young person in Nunavut could text “talk” to 686868 to text with a trained, volunteer crisis responder. Within a 24-hour period, approximately 15 Nunavut youth had taken part in text conversations with the organization.[63] Although this service is not funded by the GN, it is relevant to our review as the engagement of Nunavut youth with Kids Help Phone’s texting services demonstrates a willingness by youth to access help when available via text.

When traumatic events occur in Nunavut communities, GN departments and other organizations may partner to increase community-level services. The Department of Health, through mental health and addictions staff, may arrange debriefing supports for those affected.[64] The Quality of Life Secretariat may work with Ilisaqsivik Society, Pulaarvik Kablu Friendship Centre, Cambridge Bay Wellness Centre, and Health Canada to deliver mobile trauma-response services,[65] and the Department of Education, through the Student Achievement Division, may work with the Canadian Red Cross to provide psychosocial supports following a critical incident or crisis.[66] Although an age-range for these services was not specified in the information received by our office, these crisis response services may be of benefit to children and youth.

What We Did

Information from a variety of sources was gathered to assist in our review. We consulted with our five Elder Advisors; surveyed 475 individuals, almost half of whom were young people;[o] reviewed individual advocacy cases that involved mental health services; reviewed media and other literature written about mental health; gathered and reviewed extensive documentation from GN departments; and conducted 13 key informant interviews.

At the beginning of our review, our five Elder Advisors provided insight on a number of key questions, including the cultural appropriateness of our definition of mental health, how mental health was perceived in the past, and what an ideal mental health system for children and youth would look like today.

In addition to our Elder Advisors, we also heard from members of other key stakeholder groups, including youth, the general population, mental health service providers, and other service providers. To collect information from these groups, the office developed four surveys, one for each group identified, with questions tailored specifically for each group. All surveys were available in Nunavut's four official languages. Working with a variety of stakeholders, with the common goal of improving mental health services for young Nunavummiut, embodies the Inuit societal value of *piliriqatigiinniq*.

The survey for youth included 16 questions and was developed in collaboration with a registered psychologist to ensure it was age-appropriate and youth friendly. Although not required, our office applied for and received a Scientific Research Licence for Health Related Research through the Nunavut Research Institute. This was done in order to receive feedback on the ethical aspects of our review, given the sensitive nature of the subject matter and the age of the youth survey participants.

In total, 225 youth from across the territory participated in the youth survey, which was administered in-person by our systemic advocacy team. In-person administration of the youth survey provided an opportunity for youth to ask questions directly to RCYO staff and for RCYO staff to ensure each youth was provided with contact information for mental health resources should they feel they needed support. Youth were advised that the survey was confidential and voluntary, and that the results from the survey would be relied upon to develop recommendations for the GN. Before administering the surveys, our systemic advocacy team reached out to mental health service providers to inform them of the research taking place in their community and to ensure supports were readily available to youth survey respondents, should they be required. Youth were also advised of a contact person in their school, such as the *Ilinniarvimmi Inuusiliriji*,[p] who could provide information on available resources to the students should they, or someone they know, require them once the systemic advocacy team member had left the school.

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young Nunavummiut told us what they thought about mental health services.

Including the thoughts and opinions of young Nunavummiut in our review not only supports Article 12[q] of the United Nations *Convention on the Rights of the Child*; it also supports the Inuit societal value of *pilimmaksarniq*,

[o] Youth survey participants were 16 years of age and older.

[p] See page 21 for more information about the *Ilinniarvimmi Inuusiliriji* position.

[q] Article 12: The right to have one's opinion heard and considered. Children have the right to express their opinions freely and have their opinions taken into account in matters that affect them.

providing young people with an opportunity to build their advocacy skills by speaking up about an issue that is important to them. Eleven communities across Nunavut's three regions were chosen for the youth survey because more than half of Nunavut's youth population,[r] 61%, resided in these communities.[67] The communities were Baker Lake, Cambridge Bay, Chesterfield Inlet, Clyde River,[s] Hall Beach, Igloolik, Iqaluit, Kugluktuk, Pangnirtung, Pond Inlet, and Rankin Inlet. Territorial flight paths were also a factor considered, in order to be efficient in terms of time and cost.

The general population survey was made available on our website and advertised across the territory using newspaper and cable TV advertisements, a government-wide email, as well as advertisements at the movie theatre and airport in Iqaluit. A total of 133 people completed the 10 question general population survey.

An online link for the survey for mental health service providers was shared with the Deputy Minister of the Department of Health. The link was circulated to mental health service providers within the department. In total, 28 mental health service providers completed the 17 question survey.

An online survey link was also shared with other service providers such as teachers, nurses, community social services workers (CSSW), and Royal Canadian Mounted Police (RCMP) through their employers. A total of 89 other service providers completed the 15 question survey.

To gain additional insight into what has been reported about mental health services for children and youth in Nunavut, a media search was conducted for the period of 2008 to 2017. This search was also used to determine if there were any trends with respect to how often children and youth's mental health and mental health services were mentioned in the media.

With assistance from the Qaujigiartiit Health Research Centre, we conducted a scoping review[t] on the subject, focusing on mental health for Indigenous[u] children and youth. Information on demographics, an overview of child and youth mental health, risk and protective factors, and information about mental health programs and practices was gathered.

Extensive documentation from the Department of Health and the Department of Education regarding Nunavut programs, services, and policies was also requested and reviewed by our office. Key informants from the Department of Health, the Department of Family Services, the Department of Justice, the Department of Education, as well as Inuit organizations were interviewed. In total, 13 key informant interviews were conducted.[v]

Nearing the conclusion of the review, a copy of the draft report was sent to a select group of external reviewers. These individuals were chosen based on their expertise and/or interest in the well-being of children and youth in Nunavut. Affected GN departments and one designated authority were also provided the opportunity to review the draft report and provide feedback to our office.

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[r] Based upon population estimates for the age group of 15 to 24 years

[s] Due to weather-related issues, this trip was cancelled.

[t] According to Qaujigiartiit Health Research Centre, a scoping review is "a rapid gathering of literature in a given policy or clinical area where the aims are to accumulate as much evidence as possible and map the results."

[u] The terms "Indigenous" and "Aboriginal" were used interchangeably in the literature and by the individuals who participated in our review. At the time of our review, the term "Indigenous" is used by ITK and by the Government of Canada. When quoting literature or participants, we used the term they used.

[v] Information about our key informants and external reviewers can be found in Appendix A and B.

What We Learned and What We Recommend

As laid out in the United Nations *Convention on the Rights of the Child*, children and youth have the right to enjoy the highest attainable standard of health,[68] which includes their mental health. In addition to this being every child's right, ensuring young Nunavummiut have access to appropriate mental health services early in life can result in a significant return on investment, including reducing demand for mental health services later in life.[69] Focusing on young people's mental health "has the capacity to generate greater personal, social and economic benefits than intervention at any other time in the lifespan",[70] and is considered one of the 'best buys' for future reform.[w] [71] In a territory where basic mental health services have been described as scarce,[72] investing in today to prepare for tomorrow is essential.

Throughout our review, we heard from people who work and interact with young people on a regular basis. Eighty-two percent of government service providers surveyed told us that they do not feel that the availability of mental health services for young people is meeting their needs, and 72% reported that the quality of the services that are available is not adequate. Within the general population, these numbers were even higher, at 91% and 83%, respectively. While our review gathered a wide variety of input and information from a multitude of sources, five key themes emerged during the information analysis phase of the project: mental health in schools; residential mental health services and the continuum of care; the mental health workforce; awareness and barriers; and recreational, cultural, and leisure activities.

91%

of general population survey participants do not feel that the availability of mental health services for young people is meeting their needs.

While the Department of Health has a *Nunavut Addictions and Mental Health Strategy*,[x] it was tabled in the Legislative Assembly more than 16 years ago.[73] In 2014, Nunavut Tunngavik Incorporated (NTI) made the recommendation to have a mental health strategy to coordinate mental health resources and foster interdepartmental collaboration.[74] In June 2017, the GN in partnership with NTI, RCMP, and Embrace Life Council released the *Inuusivut Anninaqtuq Action Plan 2017-2022*. While this action plan aligns with some of the recommendations made in our report, it does not negate the need for a child and youth specific mental health strategy. From our review, it is clear that much more must be done to support the mental health needs of children and youth in Nunavut.

The five themes and accompanying 15 recommendations that resulted from our review should serve as a starting point for the GN to develop a holistic and collaborative mental health strategy for children and youth, and should reinforce the GN's commitment to the *Inuusivut Anninaqtuq Action Plan 2017-2022*.

[w] According to the Mental Health Commission of Canada, improving a child's mental health from moderate to high has been found to result in lifetime economic savings equivalent to $140,000 CDN.

[x] A key informant confirmed that this is the most recent mental health and addictions strategy.

Mental Health in Schools

Considering the substantial amount of time that young people spend in school,[75] it is fitting that schools "become a natural and important venue for mental health service delivery."[76] Schools can offer a neutral and safe place in which trained professionals, such as psychologists, teachers, or counsellors, can assess or offer support to students.[77] Schools support a young person's right to education, and should support a child's right to access appropriate information, including information that promotes mental health.

At the time of our review, there were no clinical mental health services[y] embedded within Nunavut schools. However the Department of Education currently provides in-school programs that promote social and emotional development for students. Through an agreement with the Canadian Red Cross, programs under the Red Cross's RespectED programming umbrella are offered in Nunavut schools.[78] The 'BeSafe!' program, which seeks to prevent child abuse, is offered to every school in Nunavut each year. This program is mandated curriculum for delivery to all grade four students across the territory. RespectED programs delivered in Nunavut schools on a three-year cycle include 'Healthy Youth Relationships', which explores healthy and unhealthy peer romantic relationships, and 'Beyond the Hurt', which focuses on preventing bullying and harassment among children and youth.[79]

While providing social and emotional programming is positive, we repeatedly heard about the need to have mental health services available in schools. This was one of the top responses received from youth when asked what would make mental health services even better for children and youth in Nunavut. Youth responses to this question included:

> **"Having a counsellor other than just our guidance counsellor in the school."**
>
> **"Mental health coming to school and talking to youth in school."**
>
> **"It would be even better if their [sic] was a mental health worker in the high school."**

The Student Achievement division within the Department of Education is responsible for providing services that are designed to meet the full range of each student's needs[80] through supports, programs, resources, assessments, interventions, and training.[81] Through the division's Education Support Services program, supports for students are accessed through the Department of Education, the Department of Health, or both, depending on the need. For example, behavioural intervention is accessed through the Department of Education, speech language pathology services may be accessed through either of the two departments, while mental health services can only be accessed through the Department of Health.[82]

Even though mental health services are only available through the Department of Health, participants in our review often named school staff, particularly the *Ilinniarvimmi Inuusilirijiit*,[z] as individuals in their community who provide mental health services to children and youth. *Ilinniarvimmi Inuusilirijiit* receive annual, mandatory mental health-related training[aa] and ongoing training and support throughout the school year.[83] They play an

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[y] According to Alberta Health Services, clinical mental health services are treatment services like addiction and mental health therapy, psychiatric consultation/assessment, or medication management. Non-clinical services relate to providing resource information, education, guidance and support.

[z] There is one *Ilinniarvimmi Inuusiliriji* position in each school in Nunavut. They support, promote, and involve students, parents, and the community as partners in education.

[aa] Training includes crisis prevention, response, and postvention; suicide prevention, intervention and postvention; and training on specific mental wellness programs, such as Northern Zones, BeSafe!, and Mind Masters.

important role in providing mental health promotion, support, programming, and culturally-based counselling to students. However, it is not their role to provide clinical mental health services.[84] During our review, we heard that the previous title for the *Ilinniarvimmi Inuusilirijiit* of 'school community counsellor' had created confusion as to what the role of this position is within a school, particularly because the previous position title included the word 'counsellor'.

While *Ilinniarvimmi Inuusilirijiit* do receive mandatory mental health-related training, mental health-related training is currently not mandatory for teachers in Nunavut, although there are four days per school year dedicated to system-wide training. System-wide training is identified and mandated by the Department of Education, typically to support the implementation of mandated curriculum. There are also five professional development days each school year dedicated to individual, or school-level, teacher training. This training is identified by teachers and is approved by the Department of Education and the Nunavut Teachers' Association. Mental health-related training, such as Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid - Inuit, may be accessed through professional development training, or on a teacher's own time, although again, it is not mandatory.[85]

While requests for embedding mental health services in schools were heard across all aspects of our review, it is not a new idea, nor one that is unique to Nunavut. In Canada, many education and health departments are jointly addressing children's mental health through school-based services.[86] In 2015, a draft School Based Mental Health and Wellness Framework (Framework) for Nunavut was prepared with involvement from the Department of Health and the Department of Education.[bb] The Framework states, "The Departments of Health and Education of Nunavut are also committed to collaborating in order to provide school-based positive mental health and wellness services in schools across Nunavut."[87] An excerpt from the Framework states that, "School based mental health services are more cost effective and can reduce the stigma often associated with community based mental health."[88]

While it is not clear why the Framework did not proceed past the draft stage, information received by our office indicates that steps are being taken to reactivate a joint working group between the Department of Health and the Department of Education to move forward on projects and initiatives requiring collaboration by the departments. The joint working group would be an appropriate forum where this Framework should be revisited.

School-based mental health and wellness services were defined in the Framework as a range of services that are divided into three categories according to need:

> *Universal programming* is provided to all students to promote mental health and wellness and is delivered through curriculum or stand-alone programs aimed at social and emotional skill building. *Focused interventions* are provided to some students individually or in groups with social and emotional skill building to match needs. *Intensive interventions* and crisis services are professionally delivered services including Tele-psychiatry referrals for a few students and their families.[89]

In addition to calls for mental health services in schools, a wide range of respondents also stressed the need for schools to enhance mental health literacy, defined as "knowledge, beliefs and abilities that enable the recognition,

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[bb] Two versions of this framework were provided to our office; one from the Department of Education and one from the Department of Health.

management or prevention of mental health problems."[90] Young people were very clear in their request for greater investment in this area, and stated:

> **"I believe that youth should be educated about mental health and it should be implemented in school systems."**
>
> **"Talk more about mental health with children in the school."**
>
> **"Create a class in school that is just for mental health."**
>
> **"Schools need to be more forceful about mental health awareness."**
>
> **"Let them know that it's readily available for them, teach mental health at school, about what's healthy and what's not healthy."**

Mental health literacy should be consistent among Nunavut schools; however, the results from the youth surveys indicate that this is not the case. In response to the question, *has anyone ever talked to you about mental health in your school*, 97% of youth respondents in Iqaluit answered yes, compared to 59% of youth respondents in other communities.[cc] Mental health literacy programs in schools may offer a number of benefits, including promoting positive mental health, encouraging help-seeking behaviours, reducing stigma associated with mental illness, and enhancing the early identification of mental disorders in young people.[91] Increasing mental health literacy in schools also provides an opportunity to develop the mental health literacy of educators,[92] who are "well-positioned to first recognize when youth are experiencing mental health problems."[93]

During our review, we heard that a lack of training in this area had led some teachers to discipline students for poor behaviour instead of identifying the behaviour as a sign of a possible mental health issue. Teachers lacking awareness of adverse childhood experience symptoms "can easily mistake its manifestations as willful disobedience, defiance, or inattention, leading them to respond to it as though it were mere 'misbehavior'."[94] For example, a teacher may interpret a student's isolation as a rejection of their effort to reach out, leading them to respond punitively, which then may push the student further into isolation.[95] The way the teacher responds to students' behaviour "can have a powerful, negative impact on the child's own investment in the educational process",[96] which only reinforces the importance of equipping teachers with adequate information on mental health.

Throughout our review, concerns were raised over barriers that exist between the Department of Health and the Department of Education to provide mental health services in schools. Barriers identified include that it is not the Department of Education's mandate to provide mental health services, that school staff are unaware of who the mental health workers are in their community, that Department of Health employees are not provided access to school premises, and that the consent required from parents for schools to connect students with mental health services is cumbersome or a barrier in and of itself. While barriers were identified with respect to both the Department of Health and Department of Education, it was clear that a lack of collaboration between these departments on this topic is a consistent challenge encountered regarding the delivery of mental health services for young people.

[cc] Overall, 67% of youth respondents answered yes when asked, has anyone ever talked to you about mental health in your school?

In Nunavut's education system, students are not recognized as adults until they reach the age of majority, which is 19 years old. Based on information initially collected by our office from the Department of Education, we were advised that when a student has been identified at school as someone who could benefit from mental health support, parental consent must be obtained to refer a student for services outside of the school, unless the student is over the age of 19 years.[97] Toward the end of our review, the Department of Education stated that "a student can refer themselves for counselling without parental consent after the age of 16."[98] However, this information does not align with information provided to our office throughout our review by participants, key informants, and the department itself. Moreover, documentation provided by the Department of Education included a recently finalized and circulated departmental directive,[dd] which clearly and consistently states that consent for consultation or referral for services outside of the school is to be obtained from parents and/or adult students.[ee]

It was reported to our office that oftentimes parents are contacted by the school for consent to connect their child or youth with mental health services, only for the parent to tell the school they will discuss it at home. It was further reported that in cases where the parent does not connect back with the school, the school is left without parental consent, therefore, cannot connect the minor student with mental health services. In these cases, the school staff may then feel responsible for providing the student with mental health support; support they likely do not have the training to provide and which impacts time available for their regular duties.

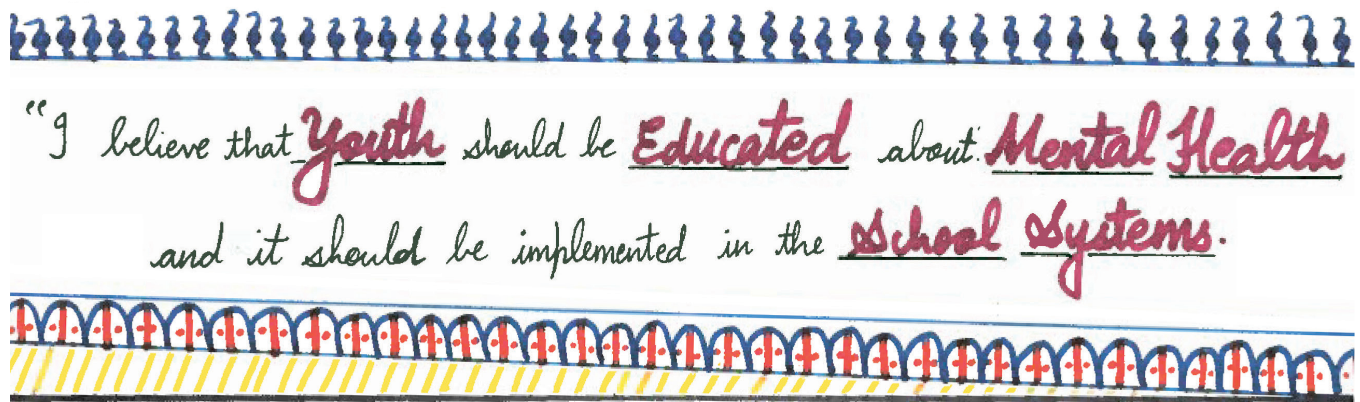
Alternatively, the Department of Health applies the 'mature minor' legal principle, so that a child or youth who is younger than 19 years of age but meets certain criteria is considered a mature minor, allowing the child or youth to make health care decisions. The criteria for being considered a mature minor include that the young person is able to understand the medical treatment being offered, that they understand the possible consequences, and that they are able to give their fully informed and voluntary consent to the health care provider.[99]

As an example, children or youth under the age of 19 years could refer themselves to the local mental health service provider and receive support without their parents' consent provided the mental health service provider considers them a mature minor. Within the Department of Education, if this same child or youth was identified as a student who may benefit from connection to local mental health services, as per the directive, the school would require parental consent to make this connection. In cases where the child or youth does not want their parent to know they are seeking mental health support, or where the child or youth is unable to get parental consent, the child or youth would not be able to access support with the facilitation of the school. In other words, a 15-year-old who is considered a mature minor would be able to access services from a health care provider without parental consent, but could not be connected to these services through the school. Through the youth survey, it was reported that some youth would not feel comfortable asking for mental health help because someone had told them not to tell anyone. If the person who told them not to tell anyone is a parent, the requirement for parental consent could serve as a barrier to the minor's ability to access mental health services via the school system.

In other Canadian jurisdictions, including Alberta,[100] New Brunswick,[101] Nova Scotia,[102] Northwest Territories,[103] Prince Edward Island,[104] and Saskatchewan,[105] there are initiatives already taking place, or being worked on, to offer mental health services in schools. These initiatives demonstrate that calls for mental health services in schools are not unique to Nunavut, and with adequate government support, these services can be implemented.

[dd] The Operational Directive: Education Support Services is dated November 1, 2018. The Department of Education confirmed, in March 2019, that this directive is under review.

[ee] Adult student is defined in the directive as "a student who has reached the age of majority, 19 years, for the purposes of sharing information to support access to the Education Program."



In support of articles 2, 3, 4, 12, 16, 24, 28-29, and 39 of the United Nations *Convention on the Rights of the Child*, and under the theme of mental health in schools, we recommend that:

1. The Department of Health and the Department of Education collaborate to ensure a full range of mental health services, including universal programming, targeted interventions, and intensive interventions are delivered in Nunavut schools.
2. The Department of Education ensure that all school staff, including *Ilinniarvimmi Inuusilirijiit*, guidance counsellors, teachers, support staff, and principals, receive basic mental health training on how to connect children and youth with appropriate mental health services and how to support them while this connection is being made.
3. The Department of Education enhance mental health literacy in schools.
4. The Department of Education, in consultation with the Department of Justice, immediately address the consent barrier that exists when students who may benefit from mental health services are identified in the school environment.

United Nations *Convention on the Rights of the Child*

Article 2: the right to protection against discrimination

Article 3: the right to the protection of the best interests of the child

Article 4: the right to the protection of children's rights

Article 12: the right to have one's opinion heard and considered

Article 16: the right to privacy

Article 24: the right to the highest attainable standard of health

Article 28-29: the right to education

Article 39: the right to help if hurt, neglected, or abused

Residential Mental Health Services and the Continuum of Care

The lack of mental health services for children and youth in Nunavut was a predominant theme that emerged during our review. Specifically, the absence of a mental health facility for children and youth in Nunavut, and the reality that young Nunavummiut often have to be referred out-of-territory to access appropriate treatment, was reported as a significant shortfall of the current mental health system.

Existing contracts for out-of-territory health services in regional hubs only cover those services stipulated under the *Canada Health Act*. Many mental health services do not fall under the Act, and therefore, are not reflected in these contracts. The Department of Health reported having one Standing Offer Agreement (SOA) with one out-of-territory service provider in place since February 2015, as a result of a Request for Proposals (RFP) process. However, this agreement does not guarantee that a space will be available for GN use. In addition, the Department also reported that they have engaged the services of two out-of-territory residential treatment providers through sole-source contracts.[106] From our review, it was clear that the approach employed by the Department of Health has not been adequately meeting the demand for out-of-territory mental health services for children and youth, as Nunavut service providers described out-of-territory treatment for youth as being "nearly impossible"[107] or "impossible"[108] to access.

While our review was underway, the Department of Health reported that a new RFP was posted to alleviate the existing situation and that the RFP specifically requested child, youth, and adolescent psychiatric services.[109] Although the posting of an RFP is promising, it does not guarantee that the gap in access to services will be addressed. We repeatedly heard about the difficulties currently being encountered when service providers are working to access out-of-territory treatment for young clients. It was reported that service providers have to "sweet talk"[110] the admission of a child or youth into an out-of-territory program, even using personal connections to help with doing so. One participant stated, "You really have to kind of argue really well, and they will help you"[111] when speaking about trying to gain access to an in-patient psychiatric program outside of the territory. In some cases, participants in our review described having to send children and youth to emergency rooms out of the territory and "hope someone takes pity"[112] on them for admission. In these cases, arrangements must be made for the young person to travel by air to reach the emergency room. As a result, it is later that day, or the next day, by the time the assessment takes place. By this time, the peak of the young person's mental health crisis may have subsided, and the child or youth may be immediately discharged without any period of observation or treatment planning. The young person may then return to their home community with no additional supports in place, only to experience crisis again. While out of territory treatment is often the only option for young Nunavummiut, the amount of stress caused by travelling out of territory for treatment has the potential to make some situations even worse. When out of territory, "Inuit frequently face cultural and language barriers, which can leave patients feeling misunderstood, marginalized, and mistreated."[113] It has also been reported that "many children in residential placements have reduced parental contact",[114] which is in contrast to the central role family plays in Inuit society.[115] In addition to it being difficult for a young person to leave their family and community for treatment, it can be equally difficult to return following the treatment.[ff]

The absence of a mental health facility in Nunavut for children and youth leaves service providers, and more importantly, children and youth, in difficult situations, particularly when residential mental health services are needed. Throughout our review, calls for a dedicated mental health facility for children and youth were made, to benefit "both client and clinician."[116]

[ff] Supported by our office's individual advocacy work

While this review was underway, the Minister of Health tabled[gg] a *Summary Report: Addictions and Trauma Treatment in Nunavut* in the Legislative Assembly, which provided information on the "feasibility, resources required and next steps involved in providing in-territory addictions and trauma treatment that is grounded in Inuit culture and supports continued recovery and healing for Nunavummiut."[117]

One of the options presented in the report includes a Nunavut Recovery Centre, to be based in Iqaluit, which would offer residential treatment programs and services for addictions and trauma treatment for up to 256 Nunavummiut per year. The benefits and outcomes of investing in an enhanced trauma and treatment system, as identified in the summary report, include "strengthening the system of aftercare through the extension of client aftercare services through the Nunavut Recovery Centre, and potentially supporting clients in all Nunavut communities following their participation in treatment programs offered at the Nunavut Recovery Centre."[118] These potential benefits align with the calls made during this review for enhanced follow-up and support for children and youth upon return to their community, and for this reason, are encouraging. However, in its current form this option still presents a gap in services for those children and youth whose needs are not centered upon addictions, as the report states that:

> The primary target group of additional in-territory addictions and trauma treatment are ***persons engaged in problematic substance use***, including binge drinking and cannabis use, who may have or be at risk of developing substance use disorders and do not have a physical dependence. They are likely to use substances in a way that causes problems for themselves (e.g. job loss, disruption of personal relationships, encounters with the justice and social service systems) or for their families and communities. This client group also includes pregnant, mostly young, women, as well as youth.[119]

In the section of the report that speaks to the needs of youth, it is stated that, "A residential Nunavut Recovery Centre has the potential to offer facilities and expertise in both trauma and addictions to help address the treatment needs of youth. Therefore, it is planned that the Nunavut Recovery Centre will offer a residential treatment service for youth."[120] While this appears to be a positive option for offering services to youth in the territory, it is important that any facility support the full spectrum of mental health needs of children and youth, not only treatment for addictions or trauma. Throughout our review, calls were made for a "one-stop shop of services for youth"[121] where a number of resources could be accessed at one time, as well as for increased access to a variety of services, including psychiatric, psychological, behavioural, and counselling services.

In the summary report, one of the main features of an enhanced addictions and trauma treatment system described is that the system would be family-inclusive and family-supportive, noting that, "Family based approaches align with Inuit worldviews which situate the individual within the context of relationships, community connection and traditional practices of seeking support from kin in healing."[122] Similarly, during our review, calls for a mental health facility in the territory were underscored by comments about the importance of connection to family, with one adult participant reporting that "children have to be separated form [sic] their communities and families to access services to which they have a basic human right!"[123] Another participant reported, "A mental health program that involves parents and the whole family would be ideal,"[124] while a third participant stated that, "There are no resources to help both the child and the family dealing with mental health issues."[125] A mental health facility in the territory may increase the opportunity for families to engage in the care for their children;

[gg] November 8, 2018

this is particularly important when considering that parents are "essential to the physical, mental, emotional and spiritual development of their children."[126]

In a report that focused on mental health and mental illness in Canada, it was stated that "many caregivers feel excluded, ignored by the mental health, mental illness and addiction system in Canada. Ironically, it is these same family members who often provide most of the care and support to people living with mental illness."[127] The importance of family involvement after a suicide attempt was highlighted in the 2015 Coroner's Inquest into Suicide,[hh] as one of the jury's recommendations was, in part, that:

> The GN change the Mental Health Act to allow for the family to be contacted and immediately involved after a suicide attempt regardless of the age of the person who has attempted suicide. This should be systematic, and it requires also that Mental Health Workers receive training and re-orientation to always develop safety plans and counselling with the family present. This is a new recommendation that involves allotment of resources to re-training and a change in orientation to a more family and community intervention approach.[128]

A separate recommendation made by the jury in the 2015 Coroner's Inquest into Suicide recommended the establishment of "a formal follow-up protocol for individuals who have attempted suicide by April 2016."[129] As part of our review, we asked the Department of Health if there are any protocols in place to follow prior to, or upon, discharge of a young person being assessed for suicidal ideation. The department advised that while there is no formal documentation that speaks to this, it is being looked into within the scope of the review of the *Mental Health Act*.[130]

Participants in our review spoke of the importance of follow-up, in general, for children and youth who have received mental health services. For example, in response to the question, *if you have concerns about the mental health services for children and youth in Nunavut, please explain what your primary concern is*, one adult participant stated, "Not followed up enough after a few treatments",[131] while another stated, "Youth with mental health issues are sent down to Iqaluit for assessment, they are assessed one time and sent back home with never being followed up."[132] In-territory mental health residential treatment for children and youth must also be complemented with an enhanced continuum of care[ii] for mental health services in all communities, not just those where a facility may exist.

[hh] This inquest took place in Nunavut.

[ii] Continuum of care is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care.

In support of articles 2, 3, 4, 6, 9, 12, 16, 19, 24, 25, 30, and 39 of the United Nations *Convention on the Rights of the Child*, and under the theme of residential mental health services and the continuum of care for children and youth, we recommend that:

5. The Department of Health ensure that contracts that adequately meet service demands are established for out-of-territory mental health services for children and youth where these services are not currently available in Nunavut, and ensure that children and youth receive appropriate aftercare and follow-up upon return to their home communities.
6. The Government of Nunavut establish an in-territory facility that offers residential mental health treatment for children and youth, including, but not limited to, psychiatric, psychological, behavioural, and counselling services. These services should incorporate family engagement and healing and be grounded in Inuit knowledge, culture, and parenting practices.
7. The Department of Health implement recommendations iii(4) and iii(5) from the 2015 Coroner's Inquest into Suicide, and apply these recommendations in cases of suicidal ideation in addition to suicide attempts. These recommendations state, in part, that the Government of Nunavut,

   Recommendation iii(4)

   Establish a formal follow-up protocol for individuals who have attempted suicide by April 2016.

   Recommendation iii(5)

   Change the Mental Health Act to allow for family to be contacted and immediately involved after a suicide attempt regardless of the age of the person who has attempted suicide. This should be systematic, and it requires also that Mental Health workers receive training and re-orientation to always develop safety plans and conduct counselling with the family present. This is a new recommendation that involves allotment of resources to re-training and a change in orientation to a more family and community intervention approach.

To supplement recommendation iii(5), we further recommend adding the option of an alternative adult if a family member is deemed inappropriate.

United Nations *Convention on the Rights of the Child*

Article 2: the right to protection against discrimination

Article 3: the right to the protection of the best interests of the child

Article 4: the right to the protection of children's rights

Article 6: the right to survival and development

Article 9: the right to protection from being separated from parents

Article 12: the right to have one's opinion heard and considered

Article 16: the right to privacy

Article 19: the right to be protected from all forms of violence

Article 24: the right to the highest attainable standard of health

Article 25: the right to review of treatment in care

Article 30: the right to practice one's own culture, language, and religion

Article 39: the right to help if hurt, neglected, or abused

Mental Health Workforce

Children and youth who seek mental health services deserve high quality services that are consistently delivered and have their safety first, and foremost, in mind. With only 27% of mental health-related positions[jj] in the GN filled by indeterminate employees at the time of our review, and only 25% of all mental health-related positions being filled by Nunavut Inuit,[kk 133] it is not surprising that Nunavut's heavy reliance on short-term locum health care providers[134] was reported to our office as having a significant impact on the services received. Responses from our youth survey identified that transient and inconsistent staffing was a concern with mental health services, with one youth stating, "[I am] tired of explaining myself over and over to new people." All three adult surveys identified this as one of the top concerns with mental health services for children and youth in Nunavut.

In a study that looked at service provision in remote communities, it was reported that:

> If the service providers coming to a community are always different, this can result in depersonalised services if community members constantly have to deal with a new person who does not understand their situation, does not have their trust, and does not know the histories — both of the community and of service provision for particular individuals. We have many times heard community members greet news of a new person with, "Oh no, we have to train up someone else now!" It can also lead to inconsistencies in service provision — which can be positive if it is an improvement, but negative if service provision gets worse.[135]

In February 2018, the Department of Health announced that one to two mental health and addictions (MHA) outreach worker positions would be allocated to each community in Nunavut to bridge the gap between community members and mental health nurses.[136] At the time of this announcement, the Director of Mental Health and Addictions stated, "What would be best is if we have someone in the community already that is stable (not transient) and knows the community's needs, so that would give some stability to our mental health and addictions programming."[137]

The introduction of MHA outreach workers has the potential to decrease the transience of the mental health workforce in Nunavut while increasing the percentage of Nunavut Inuit working in mental-health related positions, as these positions are intended to be filled by local, preferably Inuktitut speaking, Inuit.[138] Information received from the Department of Health[139] states that in order to reduce barriers for hiring MHA outreach workers, it is intended there will be minimal requirements for education or experience, and that mandatory on-the-job training in mental health and addictions will be provided to successful candidates. These plans appear to align with Article 23 of the *Nunavut Agreement*, which speaks to increasing Inuit employment within government.[140] However, despite requesting the training curriculum from the Department of Health multiple times over the last year, the document remains in draft form and the training was not yet being delivered. This training is a fundamental piece to ensure MHA outreach workers are supported to fulfill their role effectively.

In communities where there is more than one MHA outreach worker, it is anticipated that the focus of their work may differ depending on the community's needs and the workers' skill sets.[141] MHA outreach workers are expected to provide front-line mental health services and support for clients and work closely with the health care team and community organizations to promote mental wellness.[142] This model responds to the

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[jj] Not all mental health-related positions in the GN are service providers.

[kk] These are point in time statistics as of October 2018, and include indeterminate, term, and casual employees

need for both paraprofessionals[ll] and professionals[mm] within the mental health workforce in Nunavut. Currently, paraprofessionals in the territory are working under a variety of job titles. It was reported to our office that the variety of job titles used, as well as variations in who these positions report to, has created confusion and has resulted in some paraprofessionals feeling unsupported in their roles.[143]

Increasing the availability of mental health-related, educational programs through Nunavut Arctic College (NAC) to encourage the attainment of professional designations, may also assist in increasing the number of Nunavut Inuit who hold positions within the mental health workforce. Although NAC previously offered a diploma in mental health, this program was discontinued approximately a decade ago. Information received from NAC states that while the Department of Health had paid for two deliveries of the program, NAC did not have funding to re-offer the program as additional investment is needed to update the curriculum.[144] While there are no professional, mental health education programs offered within the territory, it is possible to take some mental health-related courses through the Social Service Worker Diploma program and the Bachelor of Science in Arctic Nursing.[145] Review of the educational requirements in the job description for the position of mental health consultant states that a Masters in Social Work is required,[146] while for a mental health nurse[nn] the qualifications are that the candidate is a registered psychiatric nurse or registered nurse, preferably with certification in mental health.[147] Of these educational requirements, only the degree program to become a registered nurse is currently delivered in the territory.

Professional mental health training opportunities that are made-in-Nunavut can offer future service providers with education grounded in best practices, while also ensuring that the social, cultural, linguistic, economic, and political conditions faced by Nunavummiut are reflected in the curriculum. Professional degree programs in education, nursing, and law are available in Nunavut through partnerships with southern-based educational institutions. This same model should be explored for professional degree programs in the mental health sector. The implementation of professional mental health training programs in Nunavut, in tandem with the paraprofessional training that the Department of Health plans to offer, would provide greater opportunities for young Nunavummiut to access the right services, at the right time, in the right place, from the right people.

Any mental health-related training or education programs in Nunavut should include a child and youth mental health focus or specialty and consider the important role family can play as they can “bring knowledge about their child that is invaluable to the assessment and treatment process”.[148] This is important for a number of reasons, including:

- Up to 70% of mental health problems and illnesses begin in childhood or adolescence.[149]
- It is estimated that less than 20% of children and youth affected by mental illness will receive appropriate treatment.[150]
- Approximately 30% of the territory’s population is under the age of 15, while nearly 40% is younger than 19 years of age.[151]

[ll] A paraprofessional is a trained aide who assists a professional. MHA outreach workers would fall under the paraprofessional umbrella.

[mm] For example, mental health nurses, social workers, and psychologists

[nn] Formerly called psychiatric nurse, as per key informant

- Between April 1, 1999, and December 31, 2017, more than half of the 545 Inuit who died by suicide — 62% — were under the age of 25.[152]
- Young people experience more rapid psychological and physical changes than adults do, which suggests that those treating children and youth should be attentive to the child or youth's developmental stage.[153] For example, a practice that is "effective in the treatment of adolescent depression may well be ineffective or even harmful for children who have not yet reached puberty."[154]

Youth who participated in our review asked for improved and increased mental health services specific to children and youth. This is not surprising given that the portion of the mental health-related workforce dedicated to serving children and youth in the territory was only 5%[155] at the time of this review.

When asked what would make mental health services for children and youth even better in Nunavut, youth comments included:

> **"Having mental health workers that are trained especially to deal with youth."**
>
> **"Actual young child and youth working specialists. Because it is the youth that need it the most."**

Throughout our review, we heard that having mental health service providers who are comfortable working with children and youth, particularly younger children, is a significant challenge. One key informant explained that they have yet to see anyone who is comfortable working with children under 15 years of age. We also learned of a situation where a mental health service provider was distraught and required therapy from a colleague as a result of feeling that they did not have the skill set to work with children and youth. It was further reported that mental health service providers who are not comfortable counselling young people have referred young clients for psychiatric services through TeleLink, even though what the young person needed was counselling services.

In addition to investing in the development of a workforce that can offer child and youth-specific mental health services, it is also essential that the workforce is representative of Nunavut's population,[oo] and that mental health service providers are culturally competent. Cultural competence is defined as "a set of integrated behaviours, attitudes and policies that enable a system, agency, and professionals to work effectively in cross-cultural situations".[156] It has been reported that:

> Cultural diversity and the rising emphasis on evidence-based practice within the field of psychology have sparked dialogues regarding cultural competence among mental health professionals. Given the complexity of multiculturalism, it is beneficial to understand cultural competency as a process rather than an end product. From this perspective, competency involves more than gaining factual knowledge — it also includes our ongoing attitudes toward both our clients and ourselves.[157]

The importance of cultural competence amongst health care providers was highlighted by the Truth and Reconciliation Commission of Canada (TRC). In its report, the TRC made a number of calls to action to redress the legacy of residential schools and advance the process of Canadian reconciliation.[158] Call to Action #23 requires that all levels of government increase the number of Aboriginal professionals working in the health care field; ensure

[oo] According to the Nunavut Bureau of Statistics, in 2016, 84.7% of the population of Nunavut identified themselves as Inuit.

the retention of Aboriginal health care providers in Aboriginal communities; and, provide cultural competency training for all health care professionals.[159] Since the release of the TRC report, the GN has offered a two-day Indigenous Cultural Competence workshop on a regular basis. This workshop includes an overview of Indigenous Canada, cultural competence or capacity, a history of Canada, the resilience of Indigenous communities, addressing racism, and the skills of the ally to build effective relationships.[160] While the workshop is now available in the territory, GN employees are not obligated to take it.

Review participants spoke of the importance of cultural competence, stating that “the mental health worker position is finally filled in our community, it would help if the new employee would be addressed about our culture as most have no idea and a lot of people do not like how they work, some people stop going to their appoinments [sic] because they feel judged or forced and [do] not feel important”.[161] When asked what would make mental health services for children and youth even better, survey participants commented on the value of talking with Elders. Young people also indicated that Elders were a key group that talked to them about mental health.

Despite having a majority Inuit population, 93% of Department of Health’s professional workforce is non-Inuit.[162] Knowing that “contextual and cultural factors largely explain how children and youth cope with adversity”,[163] the involvement of Elders or cultural consultants to guide the delivery of mental health services could alleviate some of the cultural disconnect between mental health workers and their young clients. Information collected during our review indicates that there is a need for change when it comes to the workforce that delivers mental health services to children and youth in Nunavut.

In support of articles 2, 3, 4, 12, 24, 28-29, 30, and 39 of the United Nations *Convention on the Rights of the Child*, and under the theme of the mental health workforce, we recommend that:

8. The Department of Health clarify the position titles, roles, responsibilities, and reporting structure of all mental health-related positions to ensure children and youth are connected with the existing services that best fit their needs.

9. The Department of Health:

- **a.** finalize and deliver a comprehensive training program, that includes a substantial focus on delivering supports to children and youth, to mental health and addictions outreach workers; and
- **b.** ensure that in communities with more than one mental health and addictions outreach worker, one of these positions is dedicated to working with children and youth.

10. Nunavut Arctic College, in partnership with the Department of Health, offer professional education programs that build the capacity of the mental health workforce in Nunavut, and that these programs offer a focus or specialty related to child and youth mental health.

11. The Department of Health, or any other department hiring a mental health service provider:

- **a.** engage the services of Elders or cultural consultants to guide the delivery of mental health services; and
- **b.** offer an ongoing spectrum of cultural competency training and ensure that a minimum of one component is completed prior to the start of employment.

United Nations *Convention on the Rights of the Child*

Article 2: the right to protection against discrimination

Article 3: the right to the protection of the best interests of the child

Article 4: the right to the protection of children's rights

Article 12: the right to have one's opinion heard and considered

Article 24: the right to the highest attainable standard of health

Article 28-29: the right to education

Article 30: the right to practice one's own culture, language, and religion

Article 39: the right to help if hurt, neglected, or abused

Awareness and Barriers

When youth were asked what would make mental health services even better, comments included:

> **"More advertising so people know how to contact mental health services."**
>
> **"Have people be more open about it, more people advertise it."**
>
> **"More publicity about how we can [get] help and who we can contact."**

These comments are reflective of the barriers that children and youth face when it comes to mental health awareness; 30% of youth reported that they did not know who to contact if they thought they needed mental health services. When asked if someone had spoken to them about mental health in the past, the majority of youth survey respondents (93%) said yes. The top two responses as to who had done so were family members (62%) and friends (53%). These responses align with a study that reported young people are most likely to talk to their family members or friends as a first step in seeking support. However, family members and friends may be unsure of where to direct the child or youth for further support or services.[164]

If a child or youth is not aware of the mental health services available to them, they must rely upon someone else to connect them to appropriate services. This connection often requires some level of coordination between government staff or departments — an area in need of improvement, as mentioned in this report, and as reported in our office's annual reports.[pp] For instance, when TeleLink was evaluated in 2017, respondents generally felt the program "is not well-known and that providers are not accessing the program as much as they could be."[165] This is one example, which was highlighted by Adamie's story on page 1, of how a lack of awareness of services can directly affect access to mental health services for children and youth in Nunavut.

It was also reported that departments are largely working independently from one another, that there is a lack of coordination and collaboration between departments and other agencies, that there is a lack of formal processes for communication between departments, and that there is a lack of follow-up and monitoring of cases. One adult participant stated, "Each division that works with children and youth need [sic] to collaborate and meet on a regular basis to understand what each section is working on and can improve upon."[166] These concerns are mirrored in our office's individual advocacy work, where two out of every three cases involved some degree of a lack of service coordination.

Regular, yet informal, meetings amongst stakeholders, including mental health service providers, RCMP, child and family services staff, and Elders were reported to have taken place in some communities.[167] These meetings offer a forum to discuss issues in the community that affect children and youth, such as their mental health, as well as ways to improve these issues. However, these meetings are dependent upon the initiative of individual stakeholders to organize and participate in them.

Increased awareness and coordination of services are key to ensuring young Nunavummiut are connected to appropriate resources. However, even if young Nunavummiut are aware of, or connected to, the services available to them, barriers to accessing these services still exist. This is highlighted by the fact that when youth were asked if they would feel comfortable asking for help if they felt they needed mental health services, almost half (45%) said no. One youth reported that they were "not comfortable talking to people about my problems and didn't want to burden them".[168]

[pp] 2015-2016, 2016-2017, 2017-2018 annual reports

The top reasons why youth were not comfortable asking for help included:

- Difficulty talking about their feelings and problems
- Shyness
- Uncertain who they would feel comfortable sharing their feelings and problems with
- Embarrassment

Stigma was also identified as a barrier to accessing mental health support. Stigma is defined as "the negative attitudes toward people with a mental illness, and the negative behaviours that result."[169] Stigma has been found to be "a major barrier to timely and accessible care, recovery, and quality of life for persons with mental illnesses."[170] People who live with mental health disorders often say that the stigma encountered is worse than the illness itself,[171] and reports of feeling dismissed, devalued, and dehumanized in the Canadian health care environment are not uncommon.[172] In one Canadian survey,[qq] nearly 60% of respondents who had been treated for mental illness under the age of 25 reported facing stigma, a much higher percentage than any other age group.[173]

Stigma can interfere with a number of aspects of a person's life, such as education, employment, relationships, and health, potentially affecting a young person for their entire life.[174] Understanding stigma and how it affects children and youth is essential in order to address it as a barrier to help seeking and recovery.

Studies into help-seeking behaviours of young people have identified multiple barriers[rr] to accessing health care,[175] many of which were echoed in the comments of young Nunavummiut.

Identified Barriers from the Literature	Youth Comments
Lack of knowledge about services	"Some of us don't know where to turn to and no [sic] where to go and/or who to go to"
Trained staff	"Having mental health workers that are trained especially to deal with youth"
Environment of service	"I think that having a safe place for youth to talk to people would make it better"
Negative experiences with health services	"They just laugh at us"
Fears regarding confidentiality	"Everyone gossips no matter who it is even if it is confidential work"
Anxiety and embarrassment about disclosing issues	"I don't like opening myself"

[qq] 2010 Canadian Community Mental Health Survey Rapid Response Module

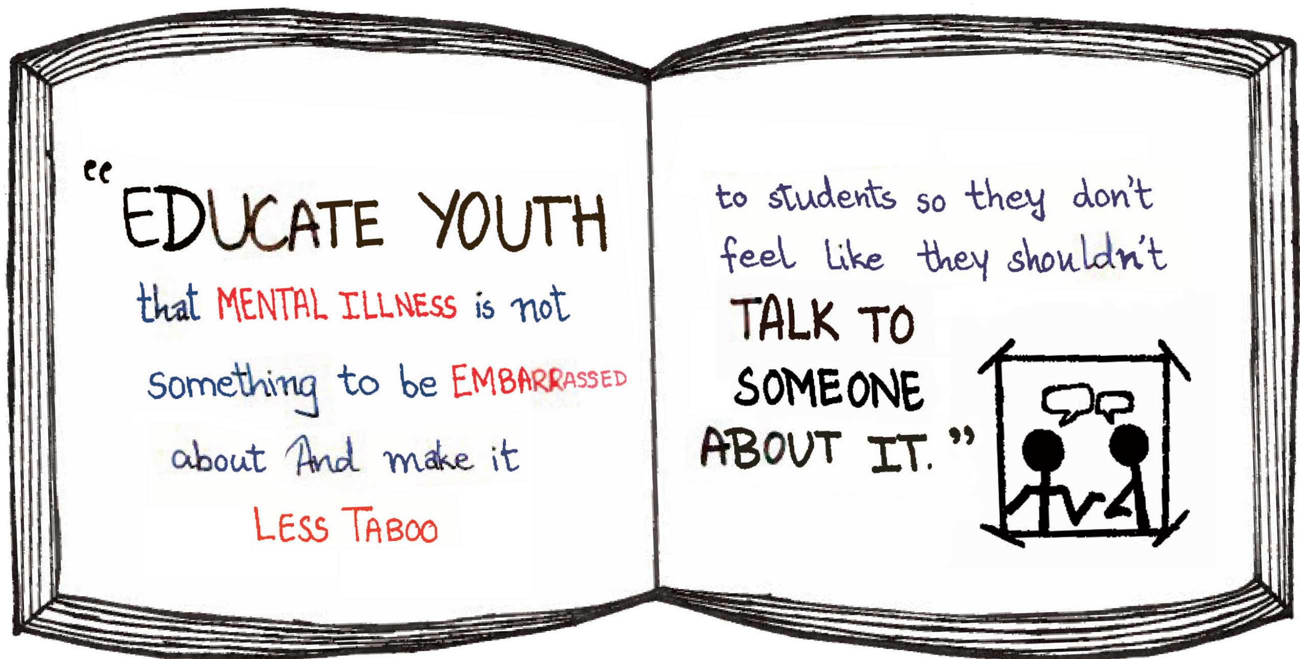
[rr] Additional barriers include transport, cost, concerns about confidentiality and trust, negative attitude towards young people, and a belief that family and friends can help more than services.

Throughout our review, it was explained to our office that mental health services tend to be very formal or institutional in nature. For example, many mental health service providers are located in a health centre and an appointment may be required to meet with them. It was reported that this formality and institutionalization is representative of “the system”,[176] which youth may fear, creating another possible barrier to accessing services.

Fears of the unknown were also reported. For example, children or youth may be fearful of opening up because they may “go into a padded room”,[177] they may be sent out-of-territory, or their parents may be contacted.

One adult participant wrote about the impact of fear on parents, stating, in part, that “talking to health care workers mean social workers will take away their children.”[178] One youth wrote they would feel comfortable asking for help “if I knew the services were available and I knew getting services wouldn’t make my family life worse.”

The information collected as part of our review clearly demonstrates the need for increased awareness of mental health services for children and youth in Nunavut. However, this is only one aspect of addressing the barriers that exist. Work must take place to reduce the stigma and fear associated with seeking mental health services and to increase service coordination amongst government staff and departments.



In support of articles 2, 3, 4, 12, 17, and 24 of the United Nations *Convention on the Rights of the Child*, and under the theme of awareness and barriers, we recommend that:

12. The Department of Health increase public and service provider awareness of existing mental health services available for children, youth, and their families.

13. The Department of Health develop a youth-informed public awareness campaign for children, youth, and their families to reduce mental health stigma.

14. The Government of Nunavut, under the leadership of the Department of Executive and Intergovernmental Affairs, develop and implement an interdepartmental service coordination protocol for the delivery of child and youth-related services.

United Nations *Convention on the Rights of the Child*

Article 2: the right to protection against discrimination

Article 3: the right to the protection of the best interests of the child

Article 4: the right to the protection of children's rights

Article 12: the right to have one's opinion heard and considered

Article 17: the right to access appropriate information

Article 24: the right to the highest attainable standard of health

Recreational, Cultural, and Leisure Activities

It is evident from our review that young Nunavummiut feel strongly that increasing opportunities for recreational, cultural, and leisure activities would benefit their mental health. The voice of Nunavut's youth is supplemented with a large body of research that supports an association between mental health benefits and organized group activities.[179] In addition, the United Nations *Convention on the Rights of the Child* recognizes the importance of a child's right to rest, leisure, play, recreation, and cultural activities and draws connection between this and a child's ability to thrive and achieve their maximum development.

One of the top themes that emerged when youth were asked what would make mental health services for children and youth in Nunavut even better was a need for more activities and programs. Statements made by youth included:

> **"Do more activities with youth."**
>
> **"Hold more tournaments on weekends just for fun."**
>
> **"Make activities and have more things to do to boost their confidence and happiness rather than always delay talking about problems."**
>
> **"If there is a program for health and wellness like activity, sewing...ect. [sic] would be a lot better cause there are a lot of people out there just sitting around."**

These comments were also supported by one of our Elder Advisors who, when asked about mental health for young Nunavummiut, spoke about the love young people in Nunavut have for dance groups, and how activities like dancing, hockey, or basketball should be ongoing.

While our review provided youth with an opportunity to comment on the importance of activities with respect to mental health and wellness, it is not the first time youth have made this connection. In the 2016 Biennial Youth Parliament, for example, a youth parliamentarian stated, "Mr. Speaker, you know if there's more fun activities in school more, more kids and youth would go and learn what life is really about. That's a way to help our youth from being sad, mad, and hopeless."[180]

Research on positive youth development reveals the strong connections between participation in structured leisure activities, such as sports or clubs, and positive psychosocial adjustment and subjective well-being. Youth who participate in structured leisure activities are provided with opportunities to:

- Acquire and practice social, physical, and intellectual skills that may be useful elsewhere;
- Contribute to the well-being of, and develop a sense of responsibility to, their community;
- Belong to a socially recognized and valued social group;
- Establish supportive social networks that can be of help; and
- Experience and deal with challenges.[181]

Research also indicates that being involved in structured, active free time, or school-based extracurricular activities has been associated with lower levels of depressed mood, higher levels of positive affect[ss] and better overall mental health.[182] Participating in recreation or leisure activities can also be a way for children and youth to cope with stress.[183] It has also been reported that physical activity is likely to result in positive psychosocial outcomes, and that young people who are physically active may have enhanced mental abilities, appear less likely to suffer from mental health problems,[184] and have improved self-esteem.[185] In one study, a lack of physical activity was found to be associated with anxious and depressed symptoms, social isolation, social problems, stress, and anxiety.[186]

These findings are mirrored in the information collected as part of our review, as the importance of activities for children and youth regarding mental health, self-esteem, a sense of belonging and social skill development was reported. One participant stated, "The community is as healthy as the activities in it. Providing indoor games like ping pong tables (which has been shown to improve attention and focus) can go a long way to prevent mental breakdown."[187] A key informant stated "there is something about being included in a team…a little self-esteem, a little belonging, and build some social skills that way" and that mental health services "could be having more stuff in the communities for kids to join."

While this review was underway, the Young Hunters Program was brought to the attention of our office. This program aims to provide an opportunity for young Nunavummiut to develop traditional land and harvesting skills.[188] Activities such as permafrost monitoring and water/ice monitoring have also been incorporated into the program.[189]

The Young Hunters Program, located in Arviat, was developed in 2012 by community leaders, Elders, a doctor, and a network of individuals with expertise in Indigenous mental health and wellness.[190] One child featured in a video about the program states, "It is very fun on the land. It makes you feel better. I enjoyed it", while an adult involved in the program states, "After the hunt, they sparkle." Words like pride, happiness, and hope were all mentioned throughout the video when describing youth participants and a statement at the video's conclusion reads, "since the project's inception in 2012, none of The Young Hunters have taken their lives."[191]

The Young Hunters Program has received funding through a variety of government and non-government sources. However, because funding for this type of programming is often accessed from multiple departments and organizations, it can be difficult to identify funding sources and to submit numerous applications to obtain adequate funding for a single program.

Government support for recreational, cultural, and leisure activities is currently dispersed between many departments, two of which are highlighted below. This dispersion also lends itself to creating confusion over ownership of activities and programs for children and youth. Within the Department of Community and Government Services there is a Sport and Recreation Division (Sport and Recreation), which has the responsibility of promoting, developing, and delivering amateur sport, recreation, and physical activity opportunities for all Nunavummiut.[192] This division's clients include "territorial sport and recreation organizations, sport clubs, volunteer organizations and municipal corporations."[193] Through a grants and contribution program, the division assists in funding the delivery of programs that support sport-related training and development, as well as

[ss] Positive affect refers to the extent to which a person subjectively experiences positive moods, such as joy, interest, and alertness.

programs such as technical development, sport development, sport event games funding, community-based physical activity initiatives, and sport and recreational activities and programs.[194]

The Department of Culture and Heritage provides grants and contributions to non-profit community-based organizations, individuals, and municipal corporations that direct their efforts toward activities that support elders and youth, official languages, and the promotion, protection, and preservation of Nunavut's culture and heritage.[195] Review of the Grants and Contributions Policy[196] shows that funding proposals can be submitted for grants to support youth initiatives as well as youth committees, up to a maximum of $15,000 and $5,000 respectively. Funding proposals can also be submitted for contributions toward youth initiatives and facilities, to a maximum of $25,000 and $200,000 respectively.[tt]

Equally as challenging as funding for programming is locating space to run the programming. In an environmental scan of youth centres in Nunavut,[197] NTI reported that 10 communities in Nunavut had some form of youth space or centre, while 15 communities did not. For the communities with youth centres, challenges were noted related to funding, including not having enough to cover all expenses and, in some cases, having to divert energy from youth programming to fundraise to cover essential operational needs. Instability with respect to funding was also reported, which lead to barriers to offering sustainable programming. This instability was attributed to the fact that funding is offered on a year-to-year basis.

For those communities without youth centres, a lack of funds was the major barrier to creating a safe and accessible space for youth. One community completed a feasibility study for construction of a youth centre where building costs alone were $3.3 million. Foundational capital and operational costs were reported as being insurmountable for most communities, leaving youth to plan, fundraise, and host activities in the community without a youth centre. It was also reported that in some communities, "youth often had an issue finding spaces available to them".[198] This challenge was brought to our attention throughout our review. Hamlets or District Education Authorities (DEAs) may make efforts to free time and space in local facilities, such as community halls, rinks, and school gymnasiums for youth activities. However, these facilities may also be used for other reasons, such as circuit court, which then cancels the planned youth activity. This leaves children and youth without the space they need to relax, play, and join in a wide variety of recreational, cultural, and leisure activities.

While our review was underway, the Hamlet of Gjoa Haven announced that a youth centre will be part of a new wellness centre that is under construction and scheduled to open in 2019.[199] The Chairperson of the Gjoa Haven Youth Committee stated that he aimed to create more activities in the community to give young Nunavummiut something to look forward to and to tackle mental health issues.[200] While this is a very positive initiative, it is contrasted by a media report on a different Nunavut community, Pangnirtung, that highlighted the "huge void" that followed the closure of the local youth centre in 2015, after it ran out of government funding and eventually closed its doors.[201]

While some financial government support in the form of grants and contributions does exist for recreational programs and activities for children and youth in Nunavut, youth continue to request more activities and programs in their communities, as well as adequate safe spaces to enjoy these activities. This suggests that while financial support may be available, it does not necessarily translate into recreation and leisure activities for young Nunavummiut.

[tt] Subject to available funding

"Hold More Tournaments On The Weekends.

Just For Fun

Do more activities like youth

, sliding,

etc."

In support of articles 2, 3, 4, 12, 24, 30, and 31 of the United Nations *Convention on the Rights of the Child*, and under the theme of recreational, cultural, and leisure activities, we recommend that:

15. The Department of Community and Government Services, in partnership with the Department of Culture and Heritage, hamlets, and young Nunavummiut, develop and implement a territorial child and youth recreation strategy and action plan.

United Nations *Convention on the Rights of the Child*

Article 2: the right to protection against discrimination

Article 3: the right to the protection of the best interests of the child

Article 4: the right to the protection of children's rights

Article 12: the right to have one's opinion heard and considered

Article 24: the right to the highest attainable standard of health

Article 30: the right to practice one's own culture, language, and religion

Article 31: the right to rest, leisure, play, recreational, and cultural activities

Conclusion

Throughout our review into mental health services for children and youth in Nunavut it was evident that significant change needs to occur. While there are positive initiatives and committed individuals working to provide mental health services to children and youth across the territory, the current system is failing to adequately meet the needs of Nunavut's children and youth. As a result of our review, we have put forward 15 recommendations in the spirit of Inuit societal value *pijitsirniq*, in service to the greater good for young people and their families, and in an effort to embody *qanuqtuurniq*, being innovative and resourceful.

We believe implementing these recommendations is essential to realizing the GN's commitment to upholding young Nunavummiut's rights under the United Nations *Convention on the Rights of the Child*, particularly:

Article 2: The right to protection against discrimination;

Article 3: The right to the protection of the best interests of the child;

Article 4: The right to the protection of children's rights;

Article 6: The right to survival and development;

Article 9: The right to protection from being separated from parents;

Article 12: The right to have one's opinion heard and considered;

Article 16: The right to privacy;

Article 17: The right to access appropriate information;

Article 19: The right to be protected from all forms of violence;

Article 24: The right to the highest attainable standard of health;

Article 25: The right to review of treatment in care;

Article 28-29: The right to education;

Article 30: The right to practice one's own culture, language, and religion;

Article 31: The right to rest, leisure, play, recreational, and cultural activities;

Article 39: The right to help if hurt, neglected, or abused.

Pursuant to Section 34(1) of the RCYA, the Representative will monitor and report on the progress of the implementation of the recommendations arising from this review. The RCYO acknowledges the GN's responsibility to ensure that the implementation of these recommendations respects Article 32 of the *Nunavut Agreement*.[202]

Appendix A: External Reviewers

Kylie Aglukark

Kylie is a Health Policy Advisor with Nunavut Tunngavik Incorporated. She has been a resident of Nunavut since 1993, living and working in all three regions. Kylie is a professional child and youth care worker and facilitator of Mental Health First Aid - Inuit. Kylie is the former executive director of the Arctic Children and Youth Foundation and currently holds an executive position on its board of directors.

Tina Decouto

Tina is the Director for Social and Cultural Development with Nunavut Tunngavik Incorporated, a land claims organization representing the interests of Inuit in the implementation of the *Nunavut Agreement*. Tina is a Jane Glassco Fellow, and graduated with distinction from Nunavut Sivuniksavut, an Inuit-specific post-secondary program based in Ottawa, Ontario, where students learn about Inuit history, politics, and governance. Tina holds a Bachelor's Degree in Management from Athabasca University.

Regan Holt

Regan is a Program Coordinator for Comprehensive School Health with Edmonton Public Schools. She holds a Master's Degree in Educational Policy Studies specializing in Theoretical, Cultural and International Studies. Regan is currently working on her PhD at the University of Alberta, Department of Secondary Education. Her research focuses on intercultural understandings of mental health for school contexts.

Melanie Stubbing

Melanie is a registered psychologist in private practice in Iqaluit, Nunavut, where she was born and raised. Melanie works with individuals, couples, and groups, and is committed to building upon her clients' strengths, values and unique personal and cultural identities. She holds a Bachelor's Degree in Psychology and a Master's Degree in Counselling from the University of Ottawa.

Sandra Thibaudeau

Sandra is a young, Inuk woman from Iqaluit, Nunavut. She is currently enrolled in the Indigenous Enriched Support Program at Carleton University in Ottawa, Ontario. Sandra is a graduate of Nunavut Sivuniksavut, an Inuit-specific post-secondary program based in Ottawa, Ontario, where students learn about Inuit history, politics, and governance. She plans to earn her Bachelor's Degree in Social Work in the coming years and hopes to work with children and youth in the future.

Appendix B: Key Informant Interviewees

- Department of Health (5)
- Department of Education (2)
- Department of Family Services (2)
- Department of Justice (1)
- Inuit organizations (3)

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