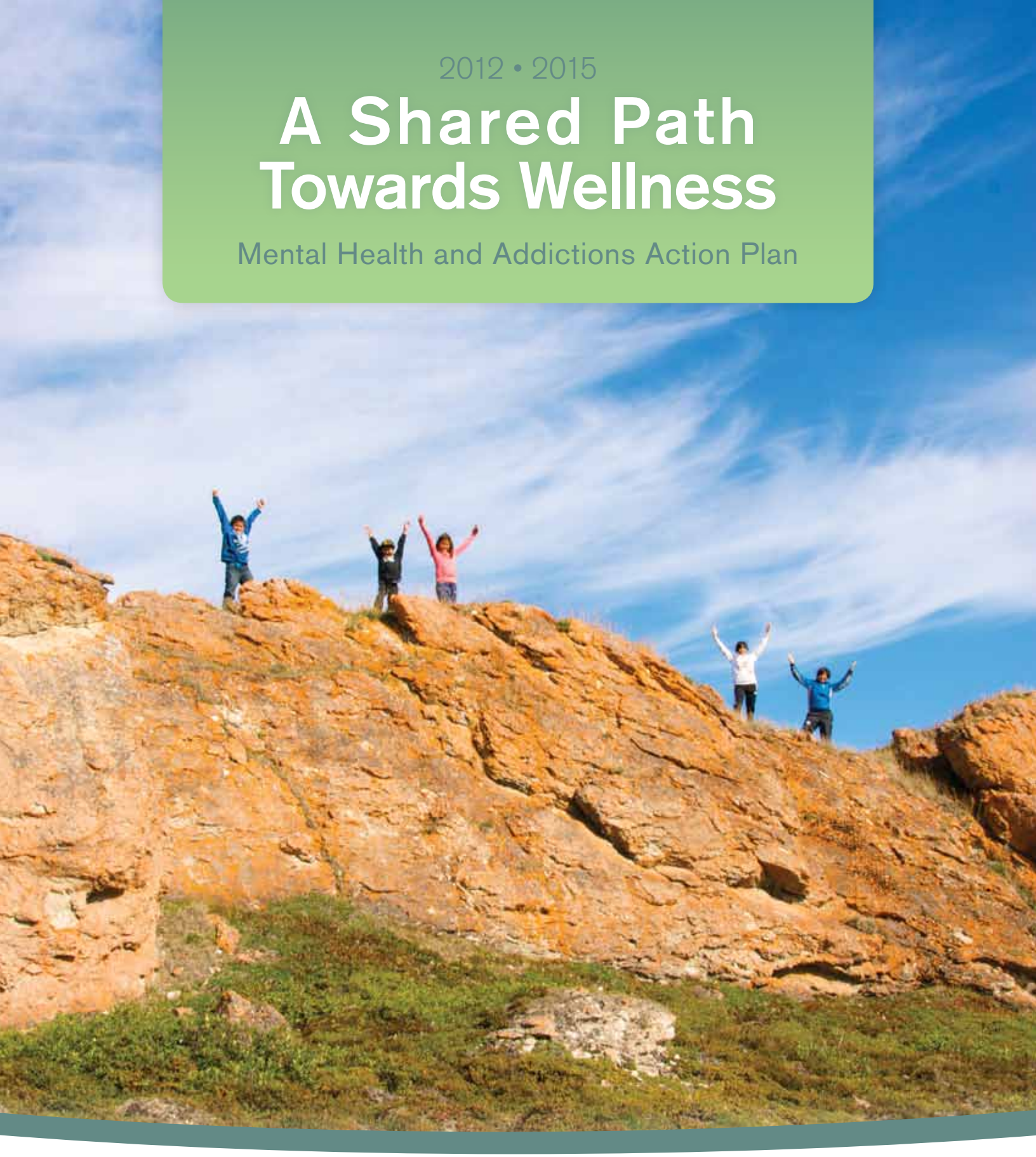
2012 • 2015

A Shared Path Towards Wellness

Mental Health and Addictions Action Plan



Northwest Territories Health and Social Services

June 2012 | **www.hlthss.gov.nt.ca**

Northwest Territories

Kīspin ki nitawihtīn ā nīhīyawihk ōma ācimōwin, tipwēsinēn.

Cree

ʔerihtł’ís dëne súłiné yati t’a huts’elkër xa beyéyati theʔą ʔat’e, nuwe ts’ën yółti.

Chipewyan

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English

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Français

Jii gwandak izhii ginjìk vat’atr’ijąhch’uu zhìt yinohthan jì’, diits’àt ginohknìi.

Gwich’in

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

ᑕᒃᔪᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐱᒋᑦ ᐃᓄᒃᑎᑕᖅᓯᒪᓕᑎᒃ, ᐅᓪᓗᑎᑐᓄᑦ ᐅᖅᑲᓕ ᓴᖅᑕᐃᑎᑦ.

Inuktitut

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

K’éhshó got’ı̨ne xədǫ́ k’é hederi ʔedı̨htl’é yeriniwę nídé dúle.

North Slavey

Edi gondı dehgéh got’ı̨e zhatié k’ǫ́ǫ́ edatł’éh enahddhę nide.

South Slavey

Tłı̨chǫ yati k’èǫ̀ǫ̀ dè wegodìı wek’èhoı̨zǫ nę̀ǫ̀wǫ dè, gots’ǫ̀ goahde.

Tłı̨chǫ

1-867-920-3367

Cover image and header graphic
Tessa Macintosh Photo

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Minister's Message

Almost everyone in the Northwest Territories is impacted by mental health and addictions issues. Alcohol abuse is widespread in our communities, leading to family breakdown, involvement with the criminal justice system, and too often, to tragic and preventable death. Other forms of addictions are less widespread, but equally damaging to personal and community well-being – including solvent abuse, prescription drugs, and hard drugs.

We are increasingly aware that many people also suffer from mental health issues, ranging from depression to more complex illnesses. The multi-generational trauma of the Indian Residential School experience has had a lasting impact on the mental health and well-being of many of our people; not only residential school survivors themselves, but their spouses, children, and extended families. Too many of our families have had to deal with the tragedy of suicide, a tragedy whose impacts are felt throughout the community.

But there is hope. Today, more than ever, we recognize that people dealing with addictions and mental health challenges need support, not just from the health and social services system, but also from their families and communities. We need to remove the stigma and the shame, and work openly to tackle these difficult issues.

With this Action Plan, I am inviting all northerners – individuals, families, communities, non-government organizations and Aboriginal governments to join in. We must combat the impact of addictions and promote mental health and well-being. Working together, we can bring about positive change that will result in healthier people that are less prone to depression and communities that are vigorous and safe.

Hon. Tom Beaulieu
Minister of Health and Social Services

Executive Summary

In the Northwest Territories (NWT), the topic of addictions, especially alcohol addiction, has been the subject of much discussion. There has been debate about its root causes, and much about the best solutions to this persistent problem. People talk openly about how addictions affect not only a significant number of people, but also about how addiction, harm families and communities. Suicide has also been the subject of much concern and attention. By comparison, other mental health issues such as schizophrenia and bipolar disorder have received much less public exposure. However, that is changing rapidly; more and more open discussion is taking place about how all mental health issues affect individuals, their families and their communities.

The statistics suggest that mental health and addictions programs have not had as positive an impact on these issues as they might have, in spite of the dollars invested, and the dedicated and talented efforts of mental health and addictions care providers. More to the point, the testimony of many people at the recent Truth and Reconciliation Commission hearings in the NWT underscores the fact that mental and emotional suffering continues to be a part of life for too many people who experienced traumatic experiences in residential schools.

The plan described in this paper aims to improve mental health and addictions programming in far-reaching ways to ensure that the people with mental health and addictions issues have access to the full range of programs and services which they require and deserve. The plan is based on what is called a "population health approach", a way of thinking about mental health that sees it as part of a larger picture that includes physical, social, spiritual and cultural health. Viewed in this way, mental health becomes a societal responsibility to which everyone – individuals, families, communities, governments and private business and industry – must make a contribution if issues are to be resolved.

There have been some milestone developments in mental health and addictions programs since the Government of the Northwest Territories (GNWT) assumed responsibility for them from the federal government in 1988. The Community Counselling Program, initiated in 2002, forms the backbone of community-based mental health and addictions programs, offering assessment, crisis intervention, referral, treatment, follow-up and aftercare services. Many Northerners have been assisted by this program, and this plan builds on its strengths. That said, the plan recognizes that there are still some critical gaps in available programs, particularly in services available for youth, in the availability of on-the-land programs and in services for those with special needs. This plan proposes to fill some of the most critical gaps by extending the reach of programs and services to those who need them the most.

Building on three key elements – community focus and engagement, collaborative partnerships and an integrated continuum of care – the plan has four goals:

- Promote Understanding and Awareness
- Focus on the Person
- Improve the Availability of and Access to Services, and
- Improve the Effectiveness of Services

Introduction

The World Health Organization (WHO) defines health as "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [1] This holistic view of health implies that physical, mental and social well-being are linked together, in a way that makes them interdependent. Good physical health requires not just the absence of physical disease; it also requires mental and social well-being. In a similar fashion, good mental health requires not just the absence of mental illness; it also requires physical and social well-being.

For many people in the Northwest Territories there are two other components to health: spiritual and cultural well-being. Adding these two components to the WHO definition provides a well-rounded model of health, as depicted in the diagram below.

This diagram is consistent with what is often referred to as the "population health approach" – an approach to thinking about the factors that make for a healthy population in a much broader context than simply taking into account the nature and extent of health services that are available. The population health approach recognizes that health (including mental health) is influenced by social, economic, environmental, cultural and spiritual factors that extend well beyond the reach of the health and social services system.

The population health approach helps to reduce the stigma that is sometimes attached to mental illness. Mental health issues can arise from many sources: depression often accompanies physical illness; social issues such as unemployment can have a negative impact on mental well-being; loss of spiritual connections and damage to one's

Diagram 1:
The Components of Health

[1] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 1948.

cultural identity can also negatively impact mental well-being. There should be no shame attached to mental illness. Mental health issues, including addictions, are not signs of personal weakness. They may be the result of many things, from negative and/or traumatic life experiences to organic brain disorders or other physical health problems.

Almost everyone experiences varying degrees of mental health-related needs at different times in their lives. Sometimes, mental health is challenged by short-term reactions to difficult situations, such as school pressures, bullying, work-related stress, relationship conflict or loss of a loved one. These challenges are often eased over time and with informal supports. Sometimes, however, they require specialized assistance from within the mental health and addictions programs. Coming to accept the idea that anyone may at some point in their life need help in dealing with mental health and/or addictions issues underscores the importance of the first goal of this plan: *promoting understanding, awareness and acceptance.*

While the focus of the current plan is on mental health and addictions, the population health approach demonstrates how these topics cannot be considered in isolation of the other elements that contribute to a holistic view of what makes a person healthy.

Addictions or addictive behaviours reflect a problematic need for a particular substance or activity, such as alcohol, solvents, prescription drugs, gambling or video games. In and of themselves, alcohol, prescription drugs, gambling or video games are not necessarily problematic. However, when these behaviours occur at a frequency which threatens physical health or social well-being including personal relationships, employment and financial security, they are considered to be problematic in nature. By far the most common addictive behaviour in the NWT is alcohol addiction.

"Imagine the positive impact on our communities today if we did not lose all the young men and women we have lost due to alcohol abuse."

Minister of Health and Social Services, Tom Beaulieu.

The WHO has dropped the term alcoholism to describe alcohol addiction in favour of the phrase alcohol dependence syndrome, described as "a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence." The American Psychiatric Association includes alcohol addiction among the group of mental disorders classified as substance abuse disorders, and recognizes two forms: alcohol dependence disorder and alcohol abuse disorder, with the latter being the more severe form of addictive behaviour.

Among the variety of mental health issues present in the population, alcohol and other drug addictions have received much attention from the 17th Legislative Assembly. As Alfred Moses, the Chair of the Standing Committee on Social Programs has observed, "Addictions and poverty are the biggest problems we've got in the Northwest Territories, and there is no one who is not touched by them. Addictions and poverty are integral to many of the challenges identified by the Standing Committee on Social Programs including low incomes and unemployment, school attendance and low educational achievement, poor health outcomes, inadequate housing as well as crime and rehabilitation." [2] This statement is perfectly aligned with the population health approach in recognizing the interrelationships among the many challenges faced by northern residents.

Placing addictions and poverty together in this way sets the stage for very important program considerations. Addiction is one factor that can lead to poverty. Alternatively, poverty is one factor that can make one more susceptible to addiction.

[2] Legislative Assembly of the Northwest Territories – 2012 News Releases, March 14th, 2012

Which is the symptom, and which is the root cause for a person suffering from both issues? The answer to this question is that it depends on the individual. Thus, for one person addiction may simply be a symptom, and the root cause of poverty needs to be the focus of intervention. For another person, poverty may be the result of addiction, and the addiction needs to be the focus of attention. For yet a third person, both addictive behaviour and poverty may be the result of some other factors. This underscores the importance of the second goal of this plan: *focusing on the person*.

The enhancement of addictions treatment legislative and the reduction of poverty are two of the 17th Assembly's priorities, as expressed in *Believing in People and Building on the Strengths of Northerners*. This plan will help to move forward on the priority of addictions treatment.

The 17th Legislative Assembly has reason to be concerned about addictions in particular. According to the 2010 NWT Health Status Report, of the persons hospitalized with mental health issues, 58% were for substance-related disorders. From 2000 to 2009, 45% of unintentional injury deaths in the NWT were alcohol-related. According to the 2009 NWT Addictions Survey, the proportion of the population considered to be heavy drinkers has increased from 34% in 1996 to 43% in 2009. As a testament to how seriously it takes the issue of addictions, the 17th Legislative Assembly passed a motion on February 16, 2012, directing the Department of Health and Social Services to investigate the potential for a Yukon-based program with a reported success rate of 50%, to be piloted in the NWT.

The overall picture with respect to addictions does not appear to be improving, in spite of the significant resources devoted to mental health and addictions over the years and the persistent efforts by many dedicated and talented people to deliver mental health and addictions programs. It is time to do things differently in mental health and addictions programs, in ways that have a system-wide impact. Therefore, this plan proposes to *improve the availability of and access to services and to improve the effectiveness of services*.

At the time that this plan was in its final stages of production, the Mental Health Commission of Canada released its strategic plan, *Changing Directions, Changing Lives*, the first-ever mental health strategy for Canadians. Many of the principles and directions included in this strategic initiative were fully congruent with those contained in this plan for mental health and addictions services. For instance, at the outset in their summary document, the Commission recognizes that "there can be no health without mental health." [3] Further on, the Commission broadens the reach of mental health issues by asserting that "Mental health is also not the concern of the health sector alone. The policies and practices of multiple government departments (including education, justice, corrections, social services, and finance) have a major impact on people's mental health and well-being. Beyond government, it is clear that workplaces, non-government organizations, the media and many other all have a role to play." [4]

This plan is based on a similar view of the broad scope of mental health. Even more to the point, one of the six strategic directions of *Changing Directions, Changing Lives* calls upon mental health services to: "Provide access to the right combination of services, treatments and supports, when and where people need them." [5] This is a fundamental goal of the Integrated Service Delivery Model, the foundation upon which this plan is based.


Tessa Macintosh Photo

[3] Summary document, p. 2, available at www.strategy.mentalhealthcommission.ca/pdf/strategy-summary-en.pdf
[4] Ibid, p.5
[5] Ibid, p.4

Milestones in the Development of NWT Mental Health and Addictions Programs

At the time of the 1988 health transfer from the Government of Canada to the Government of the Northwest Territories (GNWT), federal community-based mental health and alcohol and drug programs were amalgamated with territorial alcohol and drug services.

Amalgamating community mental health programs with alcohol and drug programs has been a mixed blessing. On one hand, it makes sense to follow the lead of medical professionals in classifying addictions issues as mental health problems thereby opening the door to a range of mental health programs for those with addictions issues. On the other hand, those with addictions issues are often reluctant to accept the view that they suffer from a mental health problem. In consequence, they may be less likely to seek out assistance within the broader context of mental health services.

For the purposes of this plan, mental health issues and addictions issues are treated somewhat separately, in part because of the stigma that remains stubbornly attached to mental health issues, but in larger part because of the much higher profile of addiction issues in the NWT, compared to other forms of mental health issues (e.g., depression, psychosis). While the plan refers to mental health and addictions programs collectively, the services available to those with addictions issues are discussed somewhat separately from the services available for those with other mental health issues.

Over the years GNWT mental health and addictions programs have been subject to a number of reviews. Driven by the fact that mental health and addictions programs were not having as positive an impact as was desired, these studies recommended a variety of changes to programs. Their intention was to find the right "fix" in order to make programs more efficient and effective. Not all reviews were equally successful, but some did lead to milestone developments in programming.

One of the first major developments in mental health and addictions programs was the creation of the NWT Suicide Prevention Program, an adaptation of nationally-recognized suicide prevention and intervention strategies specifically tailored to NWT needs. Following its inception in the early 1990s, this program has provided suicide prevention and intervention training to hundreds of community health workers. The original program has now been replaced with the ASIST program (Applied Suicide Intervention Skills Training).

"Free your mind from
the addictions and sorrow

Starting today
and not tomorrow

If we stand together
we all can grow

And heed our message,
mahsi cho."

Dene Leaders – My Voice, My Choice video by B.Elemie, J.Ford, J.Roche, K.Taylor, and C.Tetso.

The next real milestone was the development of the Community Counselling Program (CCP), created when the Department of Health and Social Services endorsed some of the recommendations in the "*A State of Emergency…*" report (2002). The CCP has evolved over time, on many levels, to meet the unique needs of the NWT regions and their residents. The CCP was the first truly territory-wide program designed to bring mental health and addictions supports closer to home.

Another milestone deserving of mention was the creation of the Integrated Service Delivery Model (ISDM) for all health and social service programs. ISDM is designed to put the concept of getting the right services to the right people at the right time into operation within the Health and Social Services system. Based on the five principles of the *Canada Health Act*, ISDM distributes available resources in the most effective manner possible, while at the same time ensuring the sustainability of services. Within ISDM, mental health and addictions programs became one of five core services that all Regional Health and Social Services Authorities are accountable to deliver. For the first time, access to mental health and addictions programs became equally as important as access to other health and social programs.

More recently, the federal government's Truth and Reconciliation Commission has been holding hearings in a number of NWT communities. Many, people have come forward to tell their stories of pain and suffering as a result of their residential school experiences. Their willingness to share their distress with others is not only a critical step on their path to recovery, it is also an encouragement to others in distress to step forward on their own path. The hearings have helped to reduce the stigma attached to the mental and emotional issues arising from residential school experiences, and in so doing have increased the need for mental health and addictions programs as more people come forward to seek help with their issues. The legacy of residential schools has created intergenerational issues for many Aboriginal families, for whom access to appropriate and timely mental health and addictions programs will be a priority need for years to come.

In spite of some significant progress on the mental health front, the statistics continue to demonstrate that, from a population health perspective, there is still room for improvement. While hundreds, if not thousands of NWT residents have benefitted from mental health and addictions programs over the years, the population as a whole still struggles with these issues. This can be attributed to a number of factors, including personal and community readiness, a lack of system-wide accountability, lack of clarity around roles and responsibilities, an erosion of services when resources have been reallocated elsewhere and gaps in the continuum of care. Each of these factors are discussed later in this plan.

Searching for innovative solutions, the Department of Health and Social Services commissioned a study in 2010 on future directions and promising practices for mental health and addictions programs. The resulting report[6] called for significant change in the approach to mental health and addictions programs, by taking "…the issues and the discussion about mental health and addictions beyond the current boundaries of the mental health and addictions programs and further beyond the health and social services system to the broader community and across government." This recommended change clearly recognizes that mental health and addictions issues are interconnected with physical, social, economic and cultural factors. Thus, no single program, no single department, and no single government can tackle mental health and addictions issues on their own. As the report points out, "This recognition shifts the concern and responsibility to the broad population. This perspective says that mental health and addictions issues are everybody's business. The process emphasizes that *the solutions to these issues must be designed by the community and taken to and supported by government, not designed and directed by government*."

This plan supports this recommended transformational change for mental health and addictions programs. The details that follow describe how we can build upon what already exists, and how community wellness planning, collaboration and outreach will be used to adjust the mental health and addictions programs to support and respond to community needs and priorities.

[6] Transformational Process for Mental Health & Addictions: Future Directions and Promising Practices in the Northwest Territories (NWT), McDermott Consulting, 2011.

Existing Mental Health and Addictions Programs

The Community Counselling Program forms the backbone of existing mental health and addictions programs operated by each of the seven regional Health and Social Services Authorities. The program has three core positions: Community Wellness Workers; Mental Health and Addictions Counsellors; and Clinical Supervisors. Jointly these positions offer a range of community-based programs (depending on incumbent's qualifications and experience), including assessment, counselling, referral, follow-up and aftercare for a variety of mental health and addictions issues. These programs also support prevention and promotion. The Regional Health and Social Services Authorities have worked diligently to incorporate mental health and addictions programs as a core service, and have adapted and modified them to meet the unique needs and challenges of their respective regions.

Primary care practitioners (physicians and nurses) play an integral role in mental health and addictions programs. They are often the first point of contact with the health system for those with mental health or addictions issues. It is a well-established fact that these issues make up a significant portion of general medicine and community health nursing practice. Community social service workers also play an important role in mental health and addictions, providing counselling and referral services in close collaboration with Community Wellness Workers and Mental Health and Addiction Counsellors.

Stanton Territorial Health Authority operates Stanton Territorial Hospital in Yellowknife, which provides a ten-bed psychiatric ward that can accommodate both voluntary and involuntary mental health patients. When required, residents from all regions may be referred on an emergency basis to Stanton Territorial Hospital for psychiatric assessment, and/or may be referred out-of-territory in order to receive psychiatric services.

The Stanton Territorial Health Authority also operates an outpatient psychiatry program which is supported through the Yellowknife Health and Social Services Authority and based in the Yellowknife Primary Community Care Clinic. Outpatient psychiatry provides services to residents of Yellowknife, and to some other communities through travel clinics and telehealth. Outpatient psychiatric consults are available to all NWT communities as required.

The elders are encouraging the Dene to rise to the challenge and use their traditional power: "We were all given power when we were put here by the Creator. Schools, and alcohol have eroded our power, weakened it. But if we listened to each other again and did things our way, we could start finding our power again. Teach the children the strength of the old time people- mental, physical, spiritual powers. We still have them, we just have to start to use them."

The Third Dene Health Conference, page 72.

Residential treatment for addictions (28-day program) is provided by the Nats'ejee K'eh Treatment Centre in Hay River, which operates male and female programs on an alternating

basis. Residential treatment programs are also made available in out-of-territory facilities, as may be necessary for some people with exceptional treatment needs. Two treatment centres, Trailcross in Fort Smith and the Territorial Treatment Centre in Yellowknife, provide treatment services to children and adolescents with social/emotional/behavioural problems including substance abuse.

A number of non-government organizations (NGOs) also play an essential role in rounding out the mental health and addictions programs available within the NWT. These include but are not limited to the Inuvialuit Regional Corporation and Gwich'in Tribal Council (Inuvik), the Tl'oondih Healing Society (Fort McPherson), the YWCA, Salvation Army, Tree of Peace Friendship Centre, John Howard Society, Centre for Northern Families, and the NWT Branch of the Canadian Mental Health Association (Yellowknife). All provide a range of programs designed to reflect their mandates and meet the needs of NWT residents.

The federal government's First Nations and Inuit Health Branch (FNIHB) provides funding to the GNWT, to various Aboriginal governments and organizations and to community groups in support of mental health and addictions programs within the NWT.

Service Gaps

Over the years, Members of the Legislative Assembly, numerous stakeholder consultations, commissioned studies and feedback from both service providers and clients of mental health and addictions programs have identified a number of service gaps. The most critical and persistent of these are described below.

- **The need for a medical detoxification program:** Nats'ejee K'eh Treatment Centre is not equipped to provide medical detoxification, yet a number of potential clients would require detoxification prior to entering its 28-day rehabilitation program. Medical detoxification is available in certain circumstances at Stanton Territorial Hospital, but the hospital does not provide an alcohol rehabilitation program. Inuvik Regional Hospital offers withdrawal management, but like Stanton, does not have an inpatient alcohol rehabilitation program. Consequently, those who need detoxification prior to admission to rehabilitation may be referred to out-of-territory treatment programs with a detoxification component.

"People need to reconnect to their land and culture to be well."

Participant, 2010 Health and Social Services Dialogues.

- **The need for more on-the-land mental health and addictions healing programs:** For some people, on-the-land healing programs have been shown to be as effective as, if not more than effective than, residential treatment. This is especially true of programs that can accommodate families and of programs that focus on re-connecting people with cultural traditions and spiritual beliefs. On-the-land programs can serve dual purposes: as primary healing programs and as after-care programs for those returning from residential treatment.
- **The need for more community follow-up and aftercare following residential treatment:** Both clients and service providers have said over and over again that one of the weakest links in mental health and addictions programs is the relative lack of follow-up and aftercare services at the community level following 28-day residential rehabilitation programs. This leads to higher than necessary relapse rates.
- **The need for supported independent living programs for individuals with chronic mental illness:** One of the challenges facing the mental health system of the NWT, and in the rest of Canada, stems from the fact that while a number of people suffering from mental health issues do not need to be hospitalized, they do need extra supports in order to live independently in the community. Without these supports, homelessness is often an additional burden which they face. Day shelters are an important component of independent living supports.
- **The need for stronger integrated service management:** The complex nature of mental health and addictions issues means that no single care provider, nor any single program, can adequately meet the needs of many clients. Integrated service management, in which multiple service providers from a variety of program areas form care teams to provide services to individual clients, is the preferred approach.
- **The need for more programs targeted towards children and youth mental health and addictions issues:** It is a well-established fact that prevention and early intervention programs are more cost-effective in the long run than treatment programs are. This, coupled with the fact that children and youth require somewhat different forms of intervention than adults do, speaks to the need for programs specifically targeting children and youth.

- **The need for programs to address specialized addictions treatment (e.g., crack cocaine, solvent abuse and the abuse of prescription drugs):** Some substances, such as cocaine and heroin, are much more addictive than alcohol is, and addiction to them is much more difficult to treat. As these substances find their way north, addiction rates will increase and so will the need for specialized treatment programs. Better data are required to determine the extent of this problem in the NWT today. Sniffing gasoline, glue and/or other solvents is often the first way in which children and teenagers become intoxicated, and this behaviour can lead as surely to addiction as alcohol consumption can. Prevention programs are required to teach the risks associated with this behaviour, and early intervention programs are required to prevent this behaviour from becoming worse. Additionally, the increasing abuse of prescription drugs, especially pain-killers such as OxyContin, has been well documented in Canada, and there is no reason to believe that the NWT is immune from this issue.
- **The need for programs addressing mental health and addictions issues among the elderly:** As with youth, the treatment needs of elders with mental health and addictions issues are different than those of the adult population.
- **The need for more individualized mental health and addictions programs:** The complex nature of mental health issues, and especially addictive behaviour, makes it obvious that "one-size-fits-all" approaches to intervention and treatment are not likely to be the most effective. The more individualized an intervention is, the greater the chances of successful healing and recovery.
- **The need to maximize the use of existing infrastructure for mental health and addictions purposes:** The GNWT has limited resources for new infrastructure devoted to these programs, and consequently the government has been encouraged by the Legislative Assembly to investigate the potential for utilizing existing infrastructure.
- **The need for early health promotion and intervention programs for children:** The formative years from birth to age six are of critical importance to healthy physical, mental and emotional health. Early childhood development programs that support and foster children during this critical period help to build resiliency that lasts a lifetime.

Residents of the NWT should have access to a comprehensive continuum of care that incorporates services right from the point of promotion, prevention and early intervention to acute/inpatient and specialized services, through to rehabilitation and ongoing community level support.

In order to provide a comprehensive continuum of care, actions have been included in this plan that will begin to address the gaps identified in our existing services.

Key Elements of the Plan

Taking the population health perspective, it becomes evident that the issues leading to mental health and addictions issues extend well beyond the scope of existing programs. Indeed, they extend well beyond the scope of the health and social services system. In fact, they extend even beyond the mandate of the GNWT. Addictions can perhaps best be described as a societal problem – one that can only be effectively addressed in a collaborative fashion between individuals, families and community leaders on the one hand and between community, Aboriginal, and the Territorial governments on the other hand. This perspective is the foundation for the key elements of this plan:

- Community Focus and Engagement
- Collaborative Partnerships with other Departments and Agencies
- Integrated Continuum of Care

"The community needs to be ready to support wellness and change."

Participant, 2010 Health and Social Services Dialogues.

1. **Community Focus and Engagement**
   In the approach adopted in this plan, community-based mental health and addictions programs are to be driven and guided by communities and supported by government rather than the other way around. Each community has the opportunity to develop a Community Wellness Plan, taking into account the specific and unique needs of its community members. These plans ideally set out the priorities of the community in moving towards wellness, including the responsibilities and resources required. For this to be successful, communities must have the tools required to do the job, and that is where government support becomes critical. First however, communities must become engaged in mental health and addictions issues by becoming involved in finding community-based solutions. Communities have long said that they are in the best position to determine their own solutions. This plan supports those assertions and provides the opportunity. It is up to community leaders to seize that opportunity and to move forward in finding solutions that work for their communities.

   The community is most often the first point of access to mental health or addictions programs. Ease of access and timeliness of access to these programs is very important. Care providers throughout the community (health centres, schools, social services) need to work closely with mental health and addictions program staff to ensure that people can access their programs easily and confidentially.

   There are also times when ease and timeliness of access are not the issue. Some people are reluctant to seek the assistance of mental health or addictions programs for a variety of reasons. Reducing the stigma attached to mental health issues and finding flexible, individualized approaches to addictions issues are key elements of this plan.

   This plan also proposes a Minister's Forum on Addictions to seek advice and guidance on the medium to long-term directions for the addictions component of programs. The Forum will be a time-limited initiative to consult with communities and bring back recommendations for addictions programs. We firmly believe that there are many community members whose collective knowledge and wisdom about addictions in NWT communities are essential to planning and delivering the most effective prevention, intervention and aftercare programs possible.

2. **Collaborative Partnerships with other Departments and Agencies**
   Programs supported by the Department of Health and Social Services and delivered by the Health and Social Services Authorities may have the most direct influence on mental well-being, but programs delivered by other GNWT departments are no less important to the mental well-being and overall health of the population.

Several examples illustrate how mental health and addictions issues overlap across government services and departments. Inmates of correctional facilities often have mental health issues which the correctional system is hard-pressed to deal with on their own. Even more to the point, addictive behaviour can underlie the criminal activity which leads to incarceration. Housing rental arrears are a significant problem for the NWT Housing Corporation. It is unknown how many people are behind in the rent because they spent their money on alcohol or gambling. School attendance rates and high school drop-out rates are problematic in many NWT communities. Teachers are often of the opinion that parental alcohol abuse and related child neglect are a common cause of the former, and that youth mental health issues are a common cause of the latter.

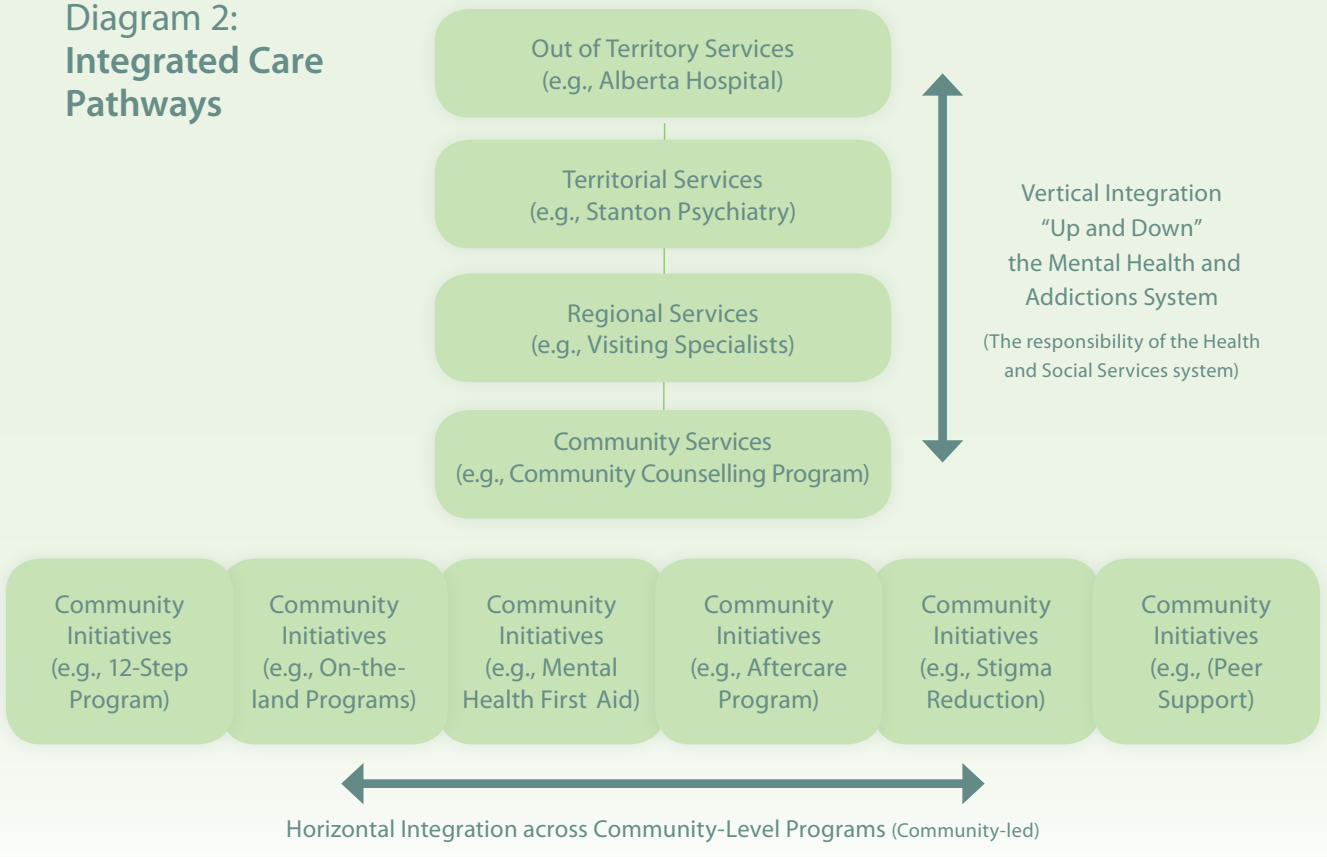
These examples, and other observations on the cross-departmental nature of the issues with which the GNWT is faced, clearly highlight the importance of the collaborative partnership initiatives outlined in the details of this plan.

3. Integrated Continuum of Care

This plan envisions mental health and addictions programs being integrated in two ways: within the community of front-line service providers and across the system from community-level services through regional services to services available at the territorial level, as depicted in the diagram on the next page. This continuum of care follows the ISDM and recognizes that while every effort is made to make services available within the community, there are some specialized services that are most efficiently delivered either at the regional level or at the territorial level, including highly specialized extra-territorial services.

Diagram 2 helps to explain the vertical and horizontal integration among programs that is key to the effective service delivery.

Diagram 2: Integrated Care Pathways



The Department of Health and Social Services takes responsibility to ensure that community-level,regional-level and territorial-level services are integrated and that clients can move through the system seamlessly whenever necessary. However, the primary point of contact is always at the community level and every effort is made to deliver services at that level (including bringing specialist services to the community rather than moving the client to the specialist service, whenever feasible).

"There are people in our communities that you can always reach out to, and other role models, and that's what we need to stand up to addictions,"

MLA for Mackenzie Delta, Frederick Blake Jr.

Service coordination within the community is best assured when the community takes responsibility for this. One example of how community-level services can be integrated comes from the Beaufort-Delta Health and Social Services Authority, which over the past several years has been refining an Integrated Service Management Handbook. This handbook is a tool to assist various community-level service providers to coordinate their services to clients by forming integrated service teams.

Effective communication is essential to both horizontal and vertical service integration. As previous studies and other forms of feedback have observed, communication between mental health and addictions programs and other programs has not always been as effective as it might have been. This plan proposes steps to remedy this problem.

Service integration also requires clarity around roles and responsibilities and accountability mechanisms to ensure that all the parties providing the individual elements to an integrated service live up to their responsibilities. These have been noted to have sometimes been a problem in the past, and this plan proposes steps to remedy these issues as well.

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Goals and Outcomes

Goal 1: Promote Understanding, Awareness and Acceptance

What we heard...

- There is a need to reduce stigma and increase understanding and acceptance of mental health and addictions problems.
- There is a need to increase awareness that mental health and addictions are related to other problems and can be improved by addressing basic quality of life issues such as housing, income support and education.
- There is a need to improve understanding of how colonization, residential schools and rapid socio-economic change have shaped the mental wellness of NWT residents.
- There is a need for positive examples and role models of resiliency.
- There is a need for data to identify healthy communities - data need to be routinely and consistently collected and reported on, as a means to determine what works, what is not working and where improvements can be made.

From many sources, we heard about the importance of talking about mental health more openly. The stigma associated with mental illness is not acceptable. Fear and embarrassment about seeking help leads to lack of proper care and crisis situations. However, people are starting to talk more openly about mental health and addictions. National organizations like the Mental Health Commission of Canada are working to make Canadians more aware of the stigma of mental illness. Athletes, actors, politicians and other public figures are talking about their own personal experiences, challenges and successes when faced with mental health issues.

Public education needs to be well-thought out and cognizant of different audiences. A suicide prevention campaign for young people may not use the same messages as one for elders, and it might take place through Facebook instead of community radio. These activities are also far more effective when they are developed with the input of communities and audiences from the start. Public education is one approach to increasing awareness. But public education alone will not free our society from stigma. It is equally important to fight against stigma from the inside out, by building strong communities, supporting individuals and families, and creating strong systems of services and supports with staff who offer acceptance and hope. The broad reach of these approaches go beyond changing attitudes and beliefs, to potential fundamental community change with long-lasting impact.

In promoting a greater understanding of mental health, this plan strives to achieve a greater awareness and acceptance of mental health issues, reducing any stigma attached to them and making it easier and more acceptable for people with mental health issues to seek out the services that can help them.

The Action Plan presented at the conclusion of this document describes in detail how this goal, and the three which follow, will be achieved.

Goal 2: Focus on the Person

What we heard...

- Enhanced and more responsive services need to be made available, especially for youth and those with specialized needs.
- Services need to work around the person receiving them, not the system.
- There is a need to increase understanding and awareness of the services available and how to access them.
- Mental health and addictions services need to be more sensitive to the diverse needs of individuals and groups (acknowledging those with gender differences and the recognition that power imbalances, discrimination and racism can jeopardize the achievement of good mental health and social outcomes).
- The importance of traditional healing and health practices and linkages between traditional and western therapeutic and wellness approaches has to be acknowledged and built upon.
- Communication within and between government departments needs to improve to the benefit of the client.

"Through my eyes, I see no way out."

From 'No Way Out' – My Voice, My Choice video by F. Baton, H. Beyonnie, F. Gaudet, L. Gaudet and K. Taylor.

This is about making Northerners feel that the mental health and addictions system is here to support them, no matter who they are or where in our territory they live. Through this plan, we will improve our mental health and addiction services care model, so that those with advanced or specialized needs will feel better supported.

Awareness of the programs that are available needs to increase so that all of us can easily access services and supports close to home. And we need to be reminded that what works for one individual, does not always work for everyone. We need to be flexible enough to try options that have worked in other parts of the world, while being realistic about results. Addictions and other mental health issues are not easy or simple to address. Making individualized services available to our most vulnerable members of society is a priority. Families and communities need to work together to support the care of individuals.

In order to individualize services, and ensure the person is referred to the right combination of services, health and social services professionals need to know what is available in their community. Similarly, if we are to be able to focus on the person, an understanding of current services and identification of needs must happen at the community level. The development of Community Wellness Plans will be a guiding force in our service delivery and will offer opportunities for us to confirm what is needed and how to get there.

Focus on the person means that whenever possible, services are taken to the person (in the community, a school setting and/or a correctional centre) rather than the other way around.

Goal 3: Improve the Availability of and Access to Services

What we heard...

- Individuals with a mental illness may require counselling, community services, physician or psychiatric services and supports. It is our job to ensure they feel safe and trust the system so they will access services that will increase their ability to manage their care.
- When services are received at different levels within the mental health and addictions program (at the community level, at Stanton Territorial Hospital, or from visiting regional caregivers), service coordination and common standards of care are required.
- There is a need to better communicate available options and ensure they are easy to access.

"Many of us have dealt with our addictions, but we still need help with our mental health. We need to learn how to be happy again."

Dolphus Codille, Elder Representative for Nahendeh, Elders' Parliament 2012.

NWT residents must have access to a continuum of mental health and addiction services - from prevention and promotion activities to interventions, counselling and facility-based care and supports for independent living, both in and outside of the Territory.

When an individual is involved in one service area, s/he may also need to receive support from other service programs. Individuals with serious mental illness and concurrent disorders require the help of multiple supports in order to see positive outcomes. They need to feel safe as they move throughout this continuum. It is important that all services empower the client and are supported through a broad community development perspective.

The Departments of Justice and Health and Social Services recognize the importance of addressing the needs of our residents who have addictions or mental health issues. The Departments are working together with other social program departments to identify ways that we can improve our support to these residents. As part of this work the feasibility of a specialized court such as a wellness court, similar to the Yukon, will be examined. The Department of Justice will lead on the consultation with the judiciary on this project. The judiciary have expressed interest in establishing a specialized court, however have reservations around establishing such a specialized court without the appropriate services and foundation elements in place.

Defining a clear pathway for advanced treatment and recovery and improving referral and information sharing protocols will help to ensure that clients receive the right services where and when needed.

The stakeholders involved in developing this action plan were clear that coordination and communication are essential at all levels – within the community, at the regional level and within the territorial system. It is recognized there are formal and informal caregivers throughout the north. It is important that they are recognized and have opportunities to build their own capacity. Training, promotion and awareness of mental health and addictions issues must be everyone's responsibility.

Goal 4: Improve the Effectiveness of Services

What we heard...

- The NWT mental health system needs to have clearer standards of service.
- Data need to demonstrate outcomes and the effectiveness of our programs. This data needs to be routinely and consistently collected and reported on, as a means to determine what works, what is not working and where improvements can be made.


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We need to better support the system of care with standards, policies and procedures so that residents and communities receive a coordinated high quality level of service. This also makes it easier to be accountable and to incorporate needed quality improvement changes over time. To provide evidence-based best practice that is culturally relevant to the people of the Northwest Territories, we need to be a system that values innovation and makes evaluation a core part of our program delivery activities.

Reviews of facilities, programs and legislation are all important to ensure accountability of the mental health and addictions system. Mental health and addiction services are monitored at social, political and legislative levels. To ensure that we are headed in the right direction, we will be seeking regular and consistent feedback.

An evaluation framework will be developed to support monitoring the implementation of this plan, which will be reported on as part of the annual reporting on progress for the department's strategic plan.

As noted earlier, at times in the past mental health and addictions services have been eroded by the re-distribution of resources to other areas. We need to ensure that all Regional Health and Social Services Authorities deliver mental health and addictions programs as a core function of the ISDM and in accordance with the resources allocated to them.

Diagram 3:
Goals Linked to Outcomes

Goal	Outcomes
Promote Understanding, Awareness and Acceptance	• Communities become engaged and responsive to mental health and addictions issues. • Individuals and families facing mental health and addictions challenges are supported by their families and communities.
Focus on the Person	• Mental health and addictions services and supports are relevant to the needs of all NWT residents. • Individuals have access to an array of programs and services that responds to their unique needs and circumstances.
Improve the Availability of and access to Services	• An effective continuum of care with clarified care pathways supports service delivery. • Service gaps are reduced.
Improve the Effectiveness of Services	• The performance of mental health and addictions programs is monitored, reported to the public, and used for continuous improvement. • Mental health and addictions programs are evidence-based and supported by well-defined legislation, policy and standards. • Mental health and addictions programs are delivered by qualified and well-supported professionals. • Accountability mechanisms are in place to prevent the erosion of services over time.

Diagram 3 outlines the expected outcomes attached to each of the four goals in this plan. These reflect the improvements that are anticipated from changes made to mental health and addictions programs over the next three years in response to the feedback which the department has received from many stakeholders. These outcomes will form the basis for measuring progress and evaluating the impact of the action plan, discussed in the following section.

Accountability, Evaluation and Reporting

Accountability is the obligation to report on the actions taken to fulfill one's assigned responsibilities. Accountability is fundamental to good management practice and effective program delivery. It is also fundamental to transparency in the expenditure of public funds. The people of the NWT have a right to know how mental health and addictions programs are performing. The Department of Health and Social Services, the Health and Social Services Authorities and the organizations funded by the GNWT to provide programs are expected to report on their actions and achievements in addressing mental health and addictions issues in the NWT.

The GNWT has program design guidelines that include all the components of an accountability framework: clarification of roles and responsibilities; a performance measurement strategy; an evaluation plan; and a description of reporting requirements.

Accountability has at times been an issue in government programs, in that reporting on program achievements has been less than optimal. Sometimes this has occurred in mental health and addictions programs because roles and responsibilities for reporting were not clear enough and expectations were not sufficiently explicit. Sometimes even though expectations were explicit, they were not followed through on. And sometimes the data required for reporting purposes was simply not collected. These issues will be resolved as this plan moves forward.

Evaluation – measuring the results and outcomes of program activities – is fundamental to accountability. The Financial Management Board has established an expectation that all GNWT programs will include an evaluation component. Every program should have a set of goals, and these goals should be directed towards the achievement of certain outcomes. In mental health and addictions programs for instance, one goal might be for people to be able to access services in a timely fashion. The outcome of this goal would be that people do indeed receive services when they need them. Accountability for this goal would require measurement of the difference between when the need for a service first arises and when the service is actually delivered. Measuring that difference is achieved through program evaluation and performance measurement.


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An evaluation plan lays out the steps that will be taken to determine whether the program is making progress towards its goals. If evaluation demonstrates that they are being achieved, then the program has proven its success. If evaluation demonstrates that expected outcomes are not being achieved, then this signals to management that program modifications are required. Evaluation strategies will be developed for the actions set out in this plan.

Accountability does not stop with evaluation. The results of the evaluation – positive, negative or indifferent – must be publicly reported. This plan commits to evaluating the actions proposed over the next three years and to publishing the results on the department's website. That way all residents will be able to see how well mental health and addictions programs are performing in meeting their expected outcomes, and in dealing with mental health and addictions issues.

Actions

Goal 1: Promote Understanding, Awareness and Acceptance

Action Area	Action	Timelines
Minister's Forum on Addictions	Establish a Minister's Forum on Addictions that travel to all regions of the NWT to hear from residents about community needs and concerns and report back to the Minister of Health and Social Services within six months	2012-13
	Use the results of the Minister's Forum to assess community relevancy of current addictions programming	2012-13
	Use the Minister's Forum to gather community input on the potential use of traditional healing	2012-13
	Use the Minister's Forum to document and compile knowledge, strengths and existing best practices in NWT regions and communities as the basis for sharing this information with other regions and communities	2012-13
	Build on the recommendations of the Minister's Forum to establish priorities for community-based programs	2013-14 and ongoing
Community Wellness	Engage communities in discussion of mental health and addictions challenges through the Community Wellness Planning process	2012-13 and ongoing
	Work with Aboriginal and community governments to develop action plans that build on existing community assets and resources to provide services that best meet the needs of communities	2012-13 and ongoing
	Support communities in offering on-the-land and traditional healing options for mental health and addictions programming	2012-13 and ongoing
	Work with existing interagency groups, or work with communities to bring existing organizations together, to support health and wellness activities	2012-13 and ongoing
	Develop approaches to share NWT best practices among communities and regions (e.g. Community Kitchen programs, Community Action Research Team) through webinars, conferences, practitioner travel and other means	2013-14

Goal 1: Promote Understanding, Awareness and Acceptance (Continued)		
Community Capacity and Awareness	Work with regional HSSAs to deliver at least two Mental Health First Aid training sessions each year, available to all interested adults in the community	2012-13 and ongoing
	Offer Applied Suicide Intervention Skills Training (ASIST) program in at least two communities per year	2012-13 and ongoing
	Expand the Talking About Mental Illness (TAMI) program to schools across the NWT	2012-13 and ongoing
	Deliver the 'My Voice, My Choice' activities to youth in at least two communities in two regional HSSAs each year, in partnership with local staff and community members who can provide on-going dialogue and follow-up with youth	2012-13 and ongoing
	Work with regional HSSAs to facilitate annual inter-agency professional development events focused on youth addictions issues, involving health professionals, education professionals, youth workers, justice officials and others to share best practices and approaches	2013-14 and ongoing
Communication	Provide plain language electronic and printed materials and public service announcements that describe mental health and addiction issues and the range of services available including the community counselling program, NGO partner programs and specific services such as aftercare	2013-14
	Develop strategic communication plans to deliver consistent NWT-wide, ongoing and annual mental health and addictions, stigma, suicide prevention and resiliency related campaigns	2012-13 and ongoing

Goal 2: Focus on the Client

Action Area	Action	Timelines
Model of Care	Building on the early findings of the Chronic Disease Management pilot projects, define how clients move through the mental health and addictions system, including the recovery process, and standards of practice for mental health and addictions	2013-14 and ongoing
	Standardize position roles and responsibilities in the mental health and addictions system, including competencies and scope of practice	2014-15
	Develop protocols for referring and supporting clients through traditional healing and other culturally appropriate programs	2014-15
	Work with Department of Education, Culture and Employment to integrate mental health and addictions into the updated K-12 Health Curriculum	2013-14
	In partnership with Stanton Territorial Hospital, collaborate with the Department of Psychiatry at Dalhousie University to explore the potential for expanded clinical service delivery and mental health program development	2012-13
Case Management	Develop and implement standardized, client-centred case management standards and guidelines with the Departments of Justice and Education, Culture and Employment that address sharing of information, improving coordination and common client needs to improve collaborative support of NWT residents	2013-14 and ongoing
	In partnership with the Department of Justice and others, develop proposal for a specialized Courts program to improve our response to mental health issues in the justice system	2012-13 and ongoing
	Identify and implement early intervention screening tools around youth mental health and addictions for specific professional groups (e.g. nurses, social workers, teachers, probation officers, community counselors)	2013-14
	Develop and implement standardized, client-centred case management standards and protocols for HSSAs that will improve coordination that can be to promote improved coordination and information sharing	2014-15
	Improve coordination and information sharing between health and social services providers using the Model of Care that has been defined through this plan	2014-15

Goal 3: Improve the Availability of and Access to Services

Action Area	Action	Timelines
Treatment Options	Work with the Nats'ejee K'eh Territorial Treatment Centre Society to restructure programs offered and ensure treatment options are effective and meet the needs of all NWT residents. Research the feasibility of offering individualized treatment options (i.e. crack cocaine, solvent abuse and prescription drugs)	2012-13 and ongoing
	Research the current continuum of detoxification services available and determine appropriate options for the NWT	2013-14
	Determine and implement the most appropriate individualized intervention to meet the needs of youth, adults and the elderly that will provide a greater chance of successful healing and recovery	2012-13 and ongoing
	Clarify which adult services should be included as core services and be offered by all regional HSSAs as part of the Integrated Service Delivery Model (ISDM)	2013-14
	Promote the availability of the Community Counselling Program to all residents, including family and community members supporting those with addictions, probation officers, recreation development officers, community health representatives and education staff	2012-13 and ongoing
	Enhance availability of psychiatric clinical services available through Stanton Territorial Hospital, including both on-site and telehealth	2012-2013
	Support the Department of Justice to design and deliver appropriate adult and youth addictions treatment programs in NWT correctional facilities	2013-2014
Early Childhood Development	Continue to expand the Healthy Family Program to NWT communities to identify early intervention and health promotion programs for children and families	2012-13 and ongoing
	Include mental wellness initiatives in the development of the Early Childhood Framework	2012-13 and ongoing

Goal 4: Improve the Effectiveness of Services

Action Area	Action	Timelines
Accountability	Finalize an evaluation framework for this Action Plan and report annually on progress as part of annual reporting on health and social services system	2012-13
	Develop an evaluation plan to assess ongoing program effectiveness including the NWT Suicide Prevention Training Program, Talking about Mental Illness (TAMI), and My Voice, My Choice	2012-13 and ongoing
	Review and update Community Counselling Program standards to meet best practices	2014-15
	Conduct a mental health and addictions client satisfaction survey to determine how clients feel about the programs and services they receive	2012-13 and ongoing
	Establish and maintain data collection and reporting systems around mental health and addictions. Regularly report data and outcomes from HSS Authorities and community partners to ensure program effectiveness	2013-14 and ongoing
	Review and update *Mental Health Act*	2012-14
	Develop an updated audit tool and audit Community Counseling Program files for all communities annually	2012-13 and ongoing
Human Resource Development	Develop an online orientation for Community Counseling Program staff including current mental health and addictions issues, and the impact of the NWT history of colonization and residential schooling on rates of trauma, mental health and addictions	2014-15
	Work with partners including the Regional Health and Social Services Authorities to provide training to mental health and addictions staff around working with youth. Include others who work with children and youth, including probation officers, recreation development officers, community health representatives and education staff	2013-14 and ongoing
	Develop standards and guidelines with performance measures to reflect the development of healthy and supportive work environments	2014-15
	Develop and implement mental health and substance use training modules and support program staff in the application of new skills in prevention, intervention and/or aftercare	2014-15
	Work with Human Resources and Education, Culture and Employment to create attractive career choices and pathways in mental health and addictions services	2014-15

Conclusion

The Health and Social Services system is in the process of change, in order to ensure that mental health and addictions services meet the needs of all NWT residents. This plan and the steps to be taken over the next three years will maximize opportunities in addressing this.

The population health approach that serves as the foundation for this plan recognizes that good mental health is a function of many factors that affect individuals, families and communities. The quality, availability and accessibility of mental health and addictions programs, and social programs, are some of those factors. But some factors are beyond the direct influence of the Department of Health and Social Services. Housing, financial security, education, and culture all have an impact on mental well-being. Therefore, this plan calls for collaboration with other GNWT departments and agencies.

Mental health and addictions issues are not restricted to individuals and families, they are societal problems that must be addressed by everyone. This plan calls for communities, Aboriginal governments, non-government organizations, community groups and individuals to become engaged to collaboratively address mental health and addictions issues.

Following a comprehensive review of the current service delivery model, the input of stakeholders, concerns expressed by Members of the 17th Legislative Assembly and the direction set out in the Department of Health and Social Services' strategic plan, *Building on Our Foundation 2011-2016*, four goals have been identified as follows:

1. Promote Understanding, Awareness and Acceptance
2. Focus on the Person
3. Improve the Availability of and Access to Services, and
4. Improve the Effectiveness of Services

These goals are in response to all past evaluation and consultation work on mental health and addictions services and are in alignment with other departmental initiatives and strategic frameworks such as the Integrated Service Delivery Model . In addition, these goals fit well within the goals of wellness, access, sustainability and accountability that are set out in *Building on Our Foundation 2011-2016*. This reinforces that the plan is taking the right approach in designing services and supports that assist individuals and communities to address mental health and addictions.

The action plan set out over the preceding pages flows from these goals and sets the path we will take in the next three years to better support wellness in communities throughout the NWT. It outlines links between the major themes, actions and outcome statements which guide us into a new way of working with our partners and stakeholders. Timelines are associated with the actions and each deliverable.

The Department of Health and Social Services currently spends $9 million each year to support mental health and addictions programming in the NWT. The initial actions outlined in this plan can be funded within existing resources, through internal reallocation and more effective use of existing budgets. As plans are more fully developed to respond to service gaps, the Department will assess whether existing resources are sufficient or whether additional investment should be requested through the government's business planning process.

The Department of Health and Social Services will report progress on the action plan annually and post the results publicly on its website.

Glossary

After-care
Programs and services designed to support people who have completed a residential treatment program and are now back in the community. After-care programs are designed to help people maintain and extend the positive changes they achieved during residential treatment.

Community Counselling Program
The components of the Community Counselling Program (CCP) vary from region to region and from community to community, depending on local needs. The fundamental elements of the CCP include assessment, counselling, referral and after-care for both mental health and addictions issues.

Concurrent Disorders
Concurrent disorders are disorders that are present at the same time. For instance, a person may be suffering from both major depression and alcohol addiction.

Continuum of Care
The term used to describe transitions from one level of care to another within the overall health system. For instance, within mental health and addictions, a client might move from a community-based counselling program to a residential treatment program in a regional centre, and then back to a community-based after-care program.

Relapse
The return of signs and symptoms of a disorder at some point following successful treatment.

Resiliency
Resiliency is a term used to describe an individual's ability to resist the effects of stressful situations and to "bounce back" after experiencing negative life events.

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