



Social Indicators COVID-19 Pandemic

December 2020



Government of
Northwest Territories

English

French

Cree

Tychō

Chipewyan

South Slavey

North Slavey

Gwich'in

Inuvialuktun

Inuktitut

Inuinnaqtun

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Introduction

The COVID-19 pandemic is severely impacting individuals, communities, and governments across the globe. The response to prevent COVID-19 harms includes a wide range of societal and public health measures to prevent exposures and reduce transmission. Some of these measures, however, may directly, or through complex interactions, produce unintended consequences including social isolation, loss of employment, diminished quality of life, or harms related to substance use. There is an increasing urgency to describe and prevent the harms from COVID-19 and public health measures, especially any harms introduced by actions initiated by public health or government.

In May 2020, the Department of Health and Social Services established a working group to describe, monitor, and interpret a variety of NWT specific social indicators. Social indicators are succinct measures that aim to describe and understand the well being of NWT residents. Ultimately, social indicators aim to provide evidence for policies, program planning, and resource allocation to improve wellbeing of NWT residents during the COVID-19 pandemic.

Data Limitations

The social indicators aim for validity—they should measure what we believe they measure. Threats to validity include:

Small numbers

NWT has a relatively small population and measured outcomes or outputs may be small in number. Small numbers increase the probability that any difference we measure is due to chance alone.

COVID-19 and its response caused changes that affect the measurement of outcomes

If we measure an outcome that is contingent on participation in social activities, and the social activity changes due to COVID-19, the change in the outcome might relate to a change in social participation. This is a form of “selection bias” of a descriptive statistic. For example, since child maltreatment reports may be initiated by school attendance, lack of school attendance may result in fewer child maltreatment reports. A reduction in child maltreatment reports, then, may represent a lack of participation in school as opposed to less child maltreatment in NWT. If we measure alcohol harms by health care visits that relate to alcohol use, but we’ve instructed people to “stay home” during the pandemic, a

reduction in health care visits for alcohol use may be secondary to guidance to stay home, and not due to reduction in alcohol harms.

Misclassification of information

Observers may be more aware of potential COVID-19 harms and may be more likely to classify an outcome as an expected one. For example, health care providers might be more likely to ask about, or classify a symptom as “anxiety” in the setting of a COVID-19 pandemic, than in previous years.

Intermixing of effects (confounders and effect modification)

In interpreting results, attribution of outcomes to specific public health measures may be difficult because of multiple measures occurring at the same time, and complex interactions of determinants of health. For example, social isolation and alcohol use are likely both risk factors for intimate partner violence. If both social isolation and increased alcohol use are occurring at the same time, it may be difficult to disentangle the effects of each risk factor, unless the risk factors are both measured in each situation.

Overall, the multiple threats to validity may mean that an easily measured social indicator may not truly measure what we believe it is measuring. These threats to validity may be great enough to make the data worthless. Worse, the indicators, if not valid and interpreted incorrectly, could be dangerous (if they suggest that alcohol harms are not occurring, for example, but they truly are).

With each indicator, the social indicator working group will attempt to determine whether the indicator is truly measuring what we believe it is measuring, and how this impacts the interpretation.

Child Maltreatment and Neglect

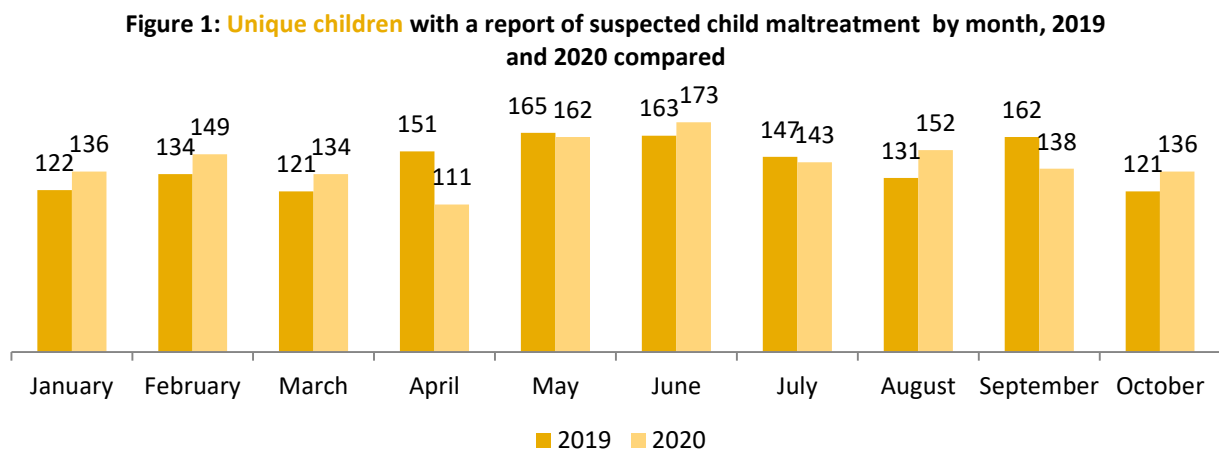
What is the potential risk for children and youth?

Many families are vulnerable to increased stress and isolation due to the COVID-19 situation, which may increase the risk of child maltreatment and neglect. Social isolation also creates challenges in reporting to Child and Family Services, as children are not being observed by typical reporting sources.

What is the data telling us?

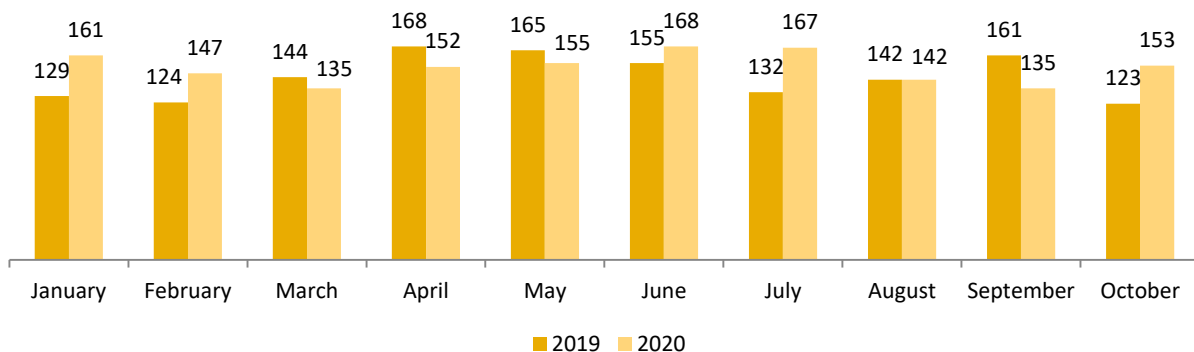
Throughout the COVID-19 pandemic, the NWT Child and Family Services System has monitored its data monthly to see if there has been changes to the reporting of child maltreatment and neglect. Monitoring this information can help us in understanding the number of children who may be left at risk during the COVID-19 pandemic.

A child may be the subject of multiple reports and types of suspected child maltreatment and neglect. Therefore, determining if there are significant changes to the number of unique children who are subject of these reports can help in understanding the number of children who may be left at risk during the COVID-19 pandemic. **Figure 1** shows a decrease in the number of unique children who are subject of a report of suspected maltreatment in April and September 2020 when compared with 2019. However in May, June, and July, the number of children in 2020 is comparable to 2019.



Regardless of the COVID-19 situation, the most common reporting sources continue to be from RCMP, relatives, and non-relatives/community members. **Figure 2** shows a slight decrease in the number of calls related to suspected child maltreatment and neglect during April, May, and September 2020 when compared with 2019. However, there was an increase in June, July, and October 2020 from 2019.

Figure 2: All Reporters of suspected child maltreatment, by month, 2019 and 2020 compared



What have you done to mitigate risk?

At the very beginning of the COVID-19 pandemic, we knew that social isolation may create challenges in reporting to Child and Family Services. As such, letters were sent to a number of stakeholders asking them to look out for safety concerns in their communities, and to report any suspected child maltreatment and neglect to their local Child and Family Services office. In June 2020, social media ads were launched related to reporting suspected child maltreatment and neglect.

During the containment phase of the pandemic, we had ongoing contact with children and families through virtual services with particular attention on their safety and wellbeing. Some contacts were increased to as much as 2 to 3 times a week. We are working with key partners to support the safety of children and youth. This looks different depending on the community and regions, and how well these partners know the families.

To reduce financial stress during the COVID-19 situation, Child and Family Services have implemented short-term financial support to help families meet their basic needs if they cannot get enough assistance from other programs. Families are also being supported through various programs, including Child and Family Services, to access supports to go out on the land. Connection with culture and the land may be supporting family cohesion and helping prevent some instances of child maltreatment and neglect. Social workers are hearing about these positive impacts from some families and children.

With moving from the containment phase to phase 1 and 2 of the Emerging Wisely Plan, NWT residents' social bubbles have slightly expanded. This change may decrease some of the risks to child maltreatment associated with social isolation, and that children will have more contact with typical reporting sources, such as extended family. We will continue to monitor this area over the coming months.

What can I do if I suspect a case of child maltreatment and neglect?

Anyone who suspects child maltreatment and neglect has a responsibility to report these concerns to their local Child and Family Services office. Contact information for these offices is available on the Department of Health and Social Services website at www.hss.gov.nt.ca/report-child-neglect.

The number one priority for Child and Family Services is protecting the health and safety of children and families. During COVID-19, the Child and Family Services system continues to receive and respond with urgency to all reports of child maltreatment and neglect.

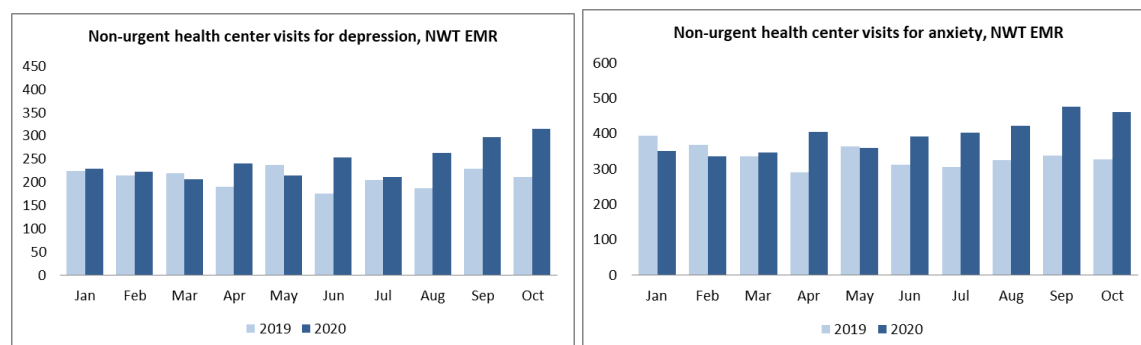
Mental Health and Addictions

What is the potential risk to mental health?

The pandemic impacts all of us. Everyone has worries, stress and frustrations that come from the pandemic and the associated public health orders. People may not be able to connect with friends and family as easily and engaging in extracurricular activities they enjoy may also be more limited. This, along with the sheer length of time many of these restrictions have been in place, can take a toll on mental health and sense of well-being. For individuals who have existing concerns with mental health or substance use, the pandemic may cause symptoms to worsen.

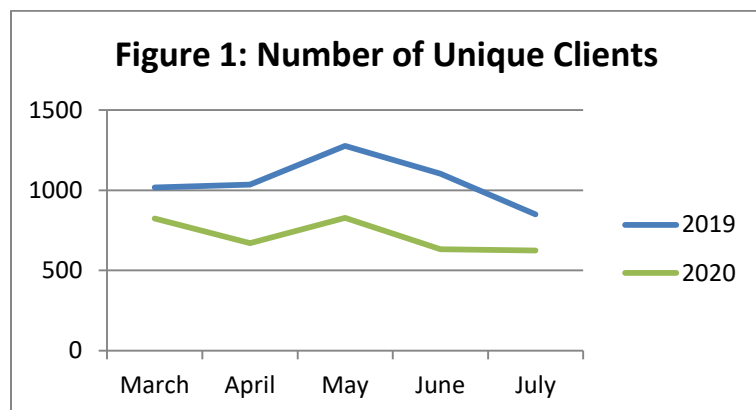
What is the data telling us?

Using Electronic Medical Record (EMR) data, it is possible to compare the total number of visits to community health centers and primary care clinics for mental health related issues. Absolute numbers of visits related to anxiety in 2020 are higher in April, June and July than in 2019. The absolute number of visits related to depression shows little change in the number of visits on a year-to-year basis, except in April and June.

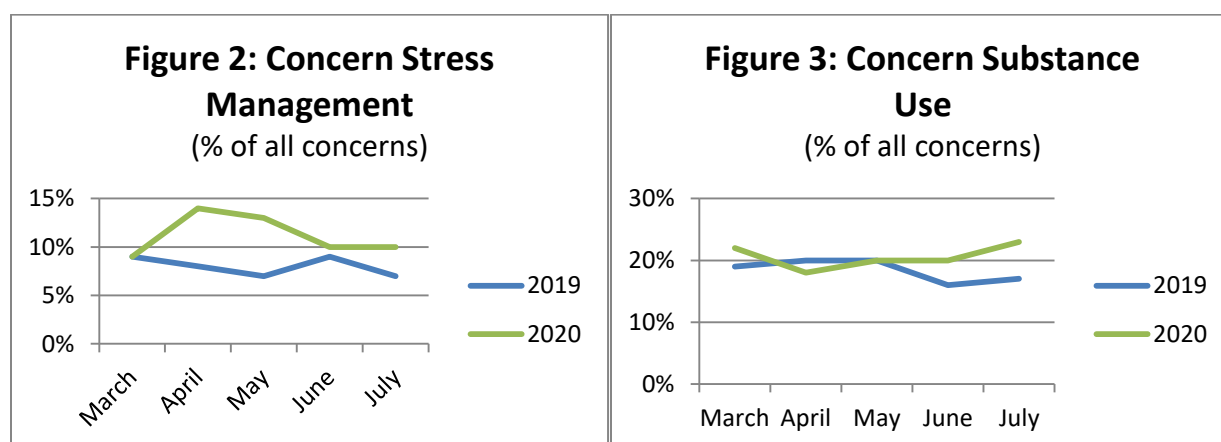


Throughout the COVID-19 pandemic, the NWT Health and Social Services System has monitored monthly data from the Community Counselling Program (CCP) to see if there are any changes in the reasons and rates at which residents access counselling. Despite evidence from across the country that the pandemic is causing higher levels of anxiety and

depression and substance use, overall access to mental health and addictions counselling services in the NWT continues to be lower than was the case in the same time period in 2019. Figure 1 provides a comparison of the numbers of unique individuals accessing the CCP between the months of March and October 2019 and the same period in 2020. The rates of access seem to follow the same pattern of higher use in the winter months and lower use in the summer months but with an overall lower number of individuals accessing in 2020 as compared to 2019.

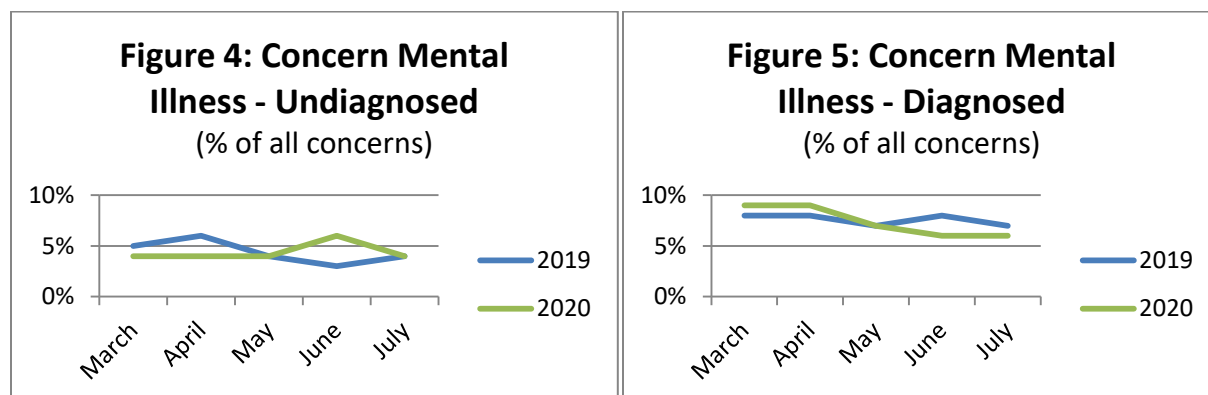


Of the individuals who did access the program, the data indicates that access for concerns of stress management and substance use continues to be higher during the pandemic period than the same time period during the previous year. Figures 2 and 3 show access for these concerns in 2019 and 2020.

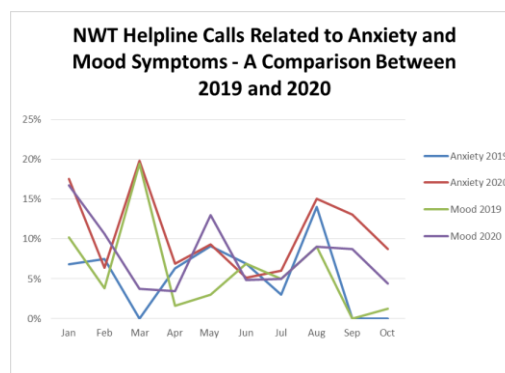
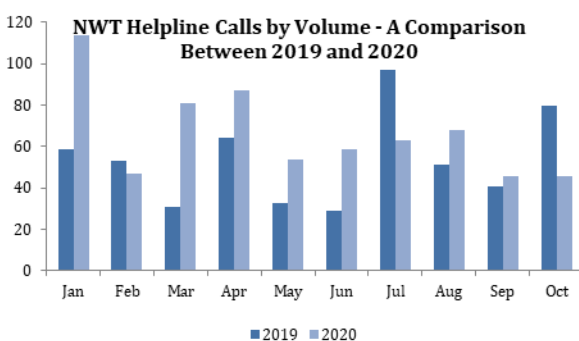


Figures 4 and 5 illustrate access in 2019 and 2020 for undiagnosed and diagnosed mental illness. These categories would include concerns like anxiety and depression. There does

not appears to be any significant difference for undiagnosed mental illness between 2019 and 2020 however for diagnosed mental illness, there is a clear decrease in access in 2020 as compared to 2019. This may be offset by the increase seen in health centre visits for anxiety and depression. Residents may be accessing services via the primary care system as opposed to through counselling offices.



The charts below show 2019 and 2020 comparison data for call volume to the NWT Helpline and the percentage of calls related to anxiety and mood symptoms. While overall calls to the Help Line in 2020 saw an increase over 2019 during the first few months of the pandemic, it appears that overall call volume has been lower than 2019 during the fall of 2020. Calls specific to anxiety and mood were initially lower during the pandemic period than in 2019 but over the past 3 months have seen an increase over the previous year.



Initial EMR data indicates that during the pandemic period, residents have more frequently chosen to access supports for anxiety and mental health through the health care system (i.e. primary care and health centres) and anonymous help lines as opposed to more socially based supports like counselling. It is difficult to determine the exact reason for this decreased uptake but it could be due to a few factors such as people not knowing that

counselling services continue to be available despite public health orders to stay at home and physically distance. It could be that individuals are not comfortable with accessing counselling services remotely or that they do not have a private space within their home in which to access services. It could also be that individuals lack the required technology to access services remotely (i.e. via phone or internet).

What have you done to mitigate risk?

At the outset of the COVID-19 pandemic, the Health and Social Services System anticipated impacts on wellness and an associated increased need for counselling supports. We responded to this by providing frequent communications to the public to ensure they understood that services continued to be available and how to access. Counselling staff also actively reached out to individuals known to be in need of support and established a triage and assessment process to ensure face to face service could be provided in cases where it was required.

In addition to communications, the Community Counselling Program has eliminated wait times and established same day access to counselling appointments. The system has also procured a number of cellular phones which can be provided to individuals in need of service but who lack a phone.

Assessment processes have been put in place to guide access to facility based addictions treatment which is available but at reduced capacity. The assessment process ensures that the risks and benefits of accessing an out of territory service during the pandemic are considered and that those in greatest need are prioritized for the resource.

The move from containment to Phases 1 and 2 of the Emerging Wisely Plan means that face to face services will soon be able to resume. There may be a need to ensure more robust communication to the public regarding the availability of face to face services given that virtual delivery may be a barrier for some residents.

What can I do if I or someone I know is struggling?

If you or someone you know is facing a mental health or addictions issue, help is available. Individuals can reach out to their local or regional counselling office to request an appointment. You do not need a referral. Counsellors can offer direct support but can also act as a link to more specialized services like psychiatry and addictions treatment. Contact information for counselling offices can be found at:

<https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>

<https://www.hss.gov.nt.ca/en/services/nwt-help-line>

Alcohol Related Harms

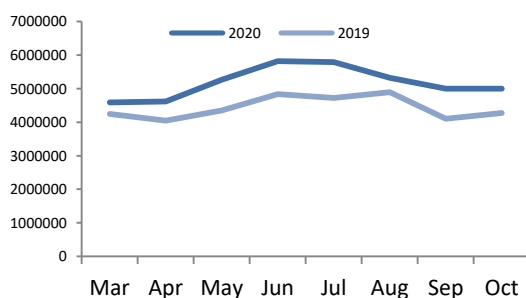
What are the alcohol related risks during the pandemic?

Across Canada, 18% of Canadians report consuming more alcohol due to COVID-19, attributing the increase to a lack of a regular schedule, boredom, and stress. Canadians in the 18 to 34 (21%) and 35 to 54 (25%) age groups were more likely to report increased alcohol consumption than Canadians 55 and over (10%).¹ Alcohol use, particularly excessive or high-risk alcohol use, can weaken the immune system, increasing the risk of severe illness due to COVID-19 infection. Alcohol consumption can also exacerbate feelings of loneliness and isolation associated with physical distancing, increase symptoms of anxiety and depression, and increases the risk of intimate partner and family violence, as well as child neglect.²

What is the data telling us?

The availability of alcohol varies by community in the Northwest Territories, with retail sales of alcohol available in only six out of thirty-three communities. According to alcohol sales data (Figure 1) spending on alcohol across the territories increased in 2020, compared to the same months in 2019. Since April 2020, most months saw an increase of approximately 20% in sales with the smallest sales increase in August (8.7%) and the largest sales increase in July (22.5%).

Figure 1: Monthly Alcohol Sales Data



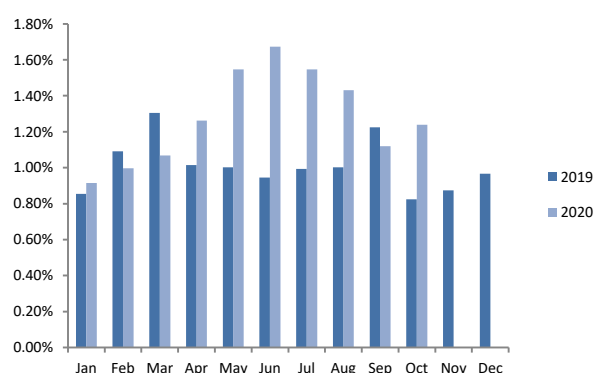
¹ Nanos for the Canadian Centre on Substance Use and Addiction. COVID-19 and Increased Alcohol Consumption: NANOS Poll Summary Report. April 2020. <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf>

² World Health Organisation Europe. Alcohol and COVID-19: what you need to know. WHO 2020. http://www.euro.who.int/_data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1

While it was initially hypothesized that the increase in alcohol sales may have been due to stockpiling of alcohol, in response to fears that liquor stores would be closing due to the COVID-19 pandemic, it appears instead to represent an ongoing, sustained increase in alcohol sales. It has been suggested that at least a portion of this change can be attributed to the current border closure, as individuals who may have purchased alcohol in Alberta, British Columbia or the Yukon are less able to do so; however it is not possible to say at this time what proportion may be attributable to this change.

Timely data on alcohol related harms in the Northwest Territories is limited at this time. An initial search of the health system's Electronic Medical Records (EMR) showed an increase in the proportion of visits related to alcohol in April, May, June, July, August and October of 2020 compared to the same months in 2019 (Figure 2). This increase was most pronounced in June, when there were twice as many visits due to alcohol in 2020 than in 2019.

Figure 2: Medical Visits Related to Alcohol, NWT



It is difficult to ascertain from territory-wide 911 data how many calls are associated with alcohol use, as this information is not collected in the database unless it is known to and disclosed by the caller. However, Yellowknife Emergency Medical Services (EMS) does keep records of how many calls are alcohol-related. In April, the Sobering Centre and Day Shelter in Yellowknife converted into an isolation shelter. As this reduced the number of locations intoxicated individuals could be taken by the Street Outreach Van, calls to EMS were expected to increase. However, once the Sobering Centre and Day Shelter converted back to their usual operations, the number of alcohol related calls continued to increase in Yellowknife, with the increase continuing month over month into the summer, and remained elevated in the fall (Figure 3). This could be due to both an increase burden of alcohol-related emergency calls, and the reduced capacity of the Street Outreach van, which has limited the number of individuals transported at one time and introduced cleaning protocols between rides, reducing the number of rides it can provide each day.

Figure 3: EMS Calls Related to Alcohol, Yellowknife



Preliminary data indicates that alcohol consumption in the Northwest Territories may have increased, as experienced in the rest of Canada, due to the stress, boredom and isolation related to the COVID-19 pandemic response.

What have we done to mitigate risk?

Prior to the COVID-19 pandemic, alcohol possession restrictions were in effect in eleven communities, and alcohol was prohibited in five communities, as well as on the K'at'l'odeeche First Nation territory. Five additional communities have introduced temporary liquor prohibitions during the COVID-19 pandemic.

On April 3, 2020, Dene Nation leadership passed a resolution requesting limitations on the sale of liquor and cannabis during the pandemic.³ The Inuvialuit Regional Corporation released a similar recommendation on April 7th, citing concerns about illegal alcohol resale in communities and community safety.⁴ On April 9th the Department of Finance announced reduced hours of sale at all alcohol retailers,⁵ and on April 16th, announced a limit on alcohol sales in all retail sales establishments, with a maximum purchase of \$200, and a maximum of six 375ml bottles of liquor, per day.⁶ On May 8th, however, territorial regulations were changed to allow restaurants and bars to deliver alcohol to private homes.⁷ In November 2020, Fort Simpson voted to remove its liquor restrictions, which were previously more restrictive than the limit set by the territorial government.⁸

³ Dene National/Assembly of First Nations Office (NWT). April 3, 2020. <https://denenation.com/wp-content/uploads/2020/04/April-5-2020-FOR-IMMEDIATE-RELEASE-Dene-Nation-Restriction-of-Liquor-Cannabis.pdf>

⁴ <https://www.irc.inuvialuit.com/sites/default/files/IRC%20on%20illegal%20alcohol%20re-sale.pdf>

⁵ https://www.gov.nt.ca/sites/flagship/files/documents/backgrounder_for_restrictions_of_liquor_sales.pdf

⁶ <https://www.gov.nt.ca/en/newsroom/restrictions-northwest-territories-liquor-sales>

⁷ <https://www.gov.nt.ca/en/newsroom/gnwt-amends-liquor-regulations-allow-liquor-delivery>

⁸ <https://www.cbc.ca/news/canada/north/fort-simpson-liquor-plebiscite-results-1.5801708>

What can I do if I know someone who is impacted by alcohol?

If you or someone you know is struggling with problematic use of alcohol, or has been harmed by someone else's alcohol use, help is available. Individuals can self refer to the Community Counselling Program. A referral is not needed. Counsellors can help provide support, addictions counselling and can also assist in accessing facility based addictions treatment.

<https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>

<https://www.hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery-supports-getting-help>

<https://www.hss.gov.nt.ca/en/services/addictions/nwt-facility-based-treatment-options-addictions>

Family Violence

What are the family violence risks during the pandemic?

The stress associated with the COVID-19 pandemic may be compounded for many families by financial hardship, job loss, and caring for aging parents and children full-time. This stress in combination with isolation may increase the risk of family violence and elder abuse. Stay at home orders may make it difficult for women or other victims to reach out for assistance due to the constant presence of the abuser. Being isolated in the home may also mean that informal supports such as friends and family may be less willing to assist or to notice signs of abuse.

What is the data telling us?

Throughout the COVID-19 pandemic, the NWT Health and Social Services System has continued to monitor monthly data received from family violence shelters. Most shelters continue to report decreased admissions during the 2020-2021 fiscal year as opposed to the previous two years (see Figure 1). This may have initially been due to confusion about whether shelters continued to be open, uncertainty about whether it was safe to access shelters given the recommendations for people to stay home and difficulties associated with power dynamics of family violence which may have made it increasingly difficult for women to find reasons to be able to leave the home. When individuals are under constant surveillance from their abuser, they are less able to reach out for help and to get to safety if need be. The orders also keep people isolated from friends and family meaning that there are fewer opportunities for informal support as well. It is also important to be aware that, in order to comply with public health orders around physical distancing, shelters are operating at a reduced capacity in comparison to previous years. This will affect the overall numbers of women being admitted.

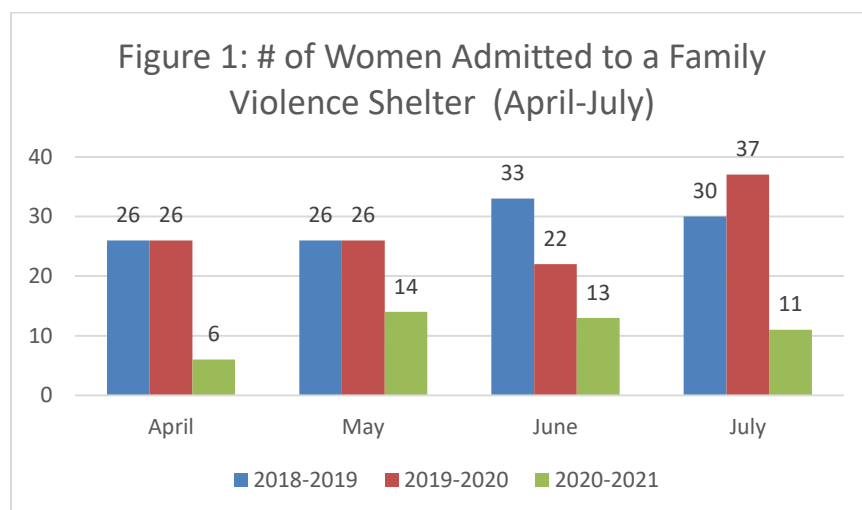
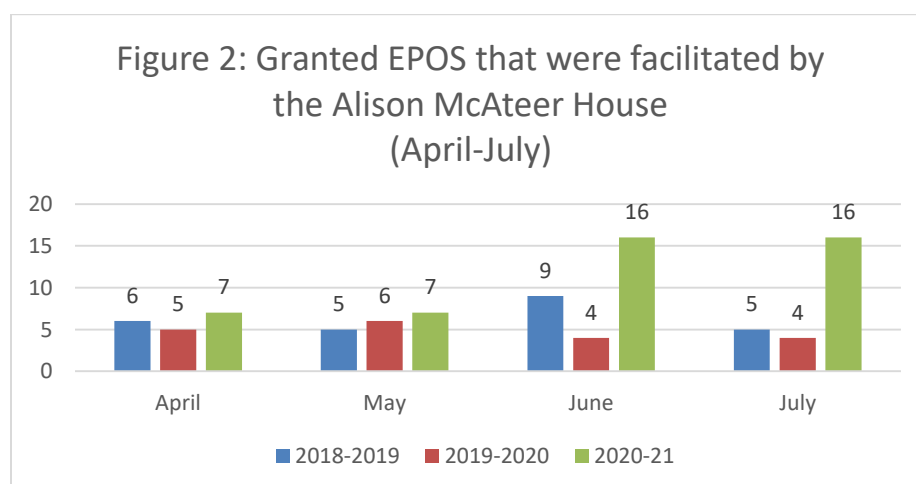


Figure 2 shows that the Alison McAteer House Shelter in Yellowknife continues to report an increase in Emergency Protection Order (EPO) applications over the same time period in 2018-19 and 2019-20. An EPO is a legal order that provides emergency protection to victims of family violence for up to 90 days and can order the abusive person to stay away from the victim and children, allow the victim to remain in their home without the abusive person there and/or require the RCMP to take away any weapons that the abusive person may have. EPOs may represent an important safety net for women who are unable to access shelter services to the same degree as before the pandemic.



What have we done to mitigate risk?

The Health and Social Services System has prioritized communications to residents notifying them that family violence shelters remain open and that no permission is required to leave an unsafe situation to stay at a shelter or in the home of a trusted friend or family member.

In addition, the Department of Justice has distributed 150 cell phones to Victim Services providers. These phones can be provided to residents at risk of abuse so they have a means with which to call for help if necessary.

What can I do if I know someone impacted by family violence?

If you know someone who is experiencing violence in their home, let them know that supports are available. Family Violence shelters remain open 24 hours a day, 7 days a week. Travel is provided for women and children who do not have a shelter in their community. Other supports include Victim Services, the Community Counselling Program and the NWT Help Line. More information can be found at the following links:

<https://www.hss.gov.nt.ca/en/services/family-violence>

<https://www.justice.gov.nt.ca/en/victim-services-contacts/>

<https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>

<https://www.hss.gov.nt.ca/en/services/nwt-help-line>

Intersection of Social Indicators

The data contained in this document are important indicators as to the impacts of the pandemic on the health and well-being of NWT residents. They have been extremely valuable during the course of the pandemic to inform action and mitigation response by the Health and Social Services system. However, the data presented is for a relatively short period of time and, as discussed earlier in this document, does have some limitations. As such, more time and more data is needed to draw any definitive conclusions and to inform longer term planning and action. The Department will continue to work to monitor these indicators as well as others that may be identified as relevant.

In the short term, our next steps include a plan to focus specifically on some key areas of intersection between indicators that are important during this pandemic period but that can also inform ongoing program planning and service delivery beyond the pandemic. Specific areas of focus include:

- Intersections between access to family violence shelters and Child and Family Services data around exposure to domestic violence and injury related data from health centres and hospitals;

- Intersections between rates of substance use/alcohol related harms and Child and Family Services data; and
- Intersections between rates of access of the Community Counselling Program and health centres for concerns of anxiety and depression.

It is the intention of the Health and Social Services System to continue to report on these and other indicators and intersections as time goes on and to work closely with our partners in other GNWT Departments to promote a holistic and wrap around picture of the social situation within the NWT in order to inform collaborative and integrated actions in the immediate and long term.