

Mind and Spirit: Promoting Mental Health and Addictions Recovery in the Northwest Territories

STRATEGIC FRAMEWORK 2016-2021



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Message from the Minister

It has been said that there is no health without mental health. We also know mental health and wellness influences our ability to have economic, social and cultural health, making this a critical issue for all of government. This framework outlines four key directions that re-envision how mental wellness and addiction recovery can be achieved in this territory to help us reach our full potential.

The diversity of the North is something we pride ourselves on and therefore we are committed to avoiding “one-size-fits all” approaches that may not be effective for all people in all communities. Services and supports must be flexible to consider the whole person – mental, physical, emotional and spiritual - and recognize their unique context, goals and experiences. We want to put people at the center of mental health practices in the North. This includes a continued and increased focus on culturally appropriate approaches to healing, including on the land programming. We understand that there are many linkages between addiction and mental wellness, in particular the multi-generational impacts of rapid social change, colonization, and residential schools on our communities. We also know that it is through collective action on the social factors affecting health, including employment, housing, education and early childhood development, that mental wellness is truly fostered and addiction is prevented. There are good things happening on this front that are worthy of celebrating and investing in further.

The desire to have a purpose and connection to something bigger than ourselves is one of the qualities that make us human. It supports mental wellness and addiction recovery by giving us perspective and bringing us together with others who care about the same things. Mind and Spirit, the title of this Strategic Framework, speaks to this connection.

Mental wellness begins early in life starting with our children and youth. As such, this framework identifies programs and supports that focus on prevention and early intervention. These supports aim to strengthen protective factors for young people and reduce risk factors which might lead to mental health or addiction issues later in life. As a territory with a small and relatively young population, we have a great opportunity for making positive shifts within a generation.







This framework has been authored by the Department of Health and Social Services, but its success to promote, protect and restore mental health and effectively address addictions relies on all of us working together. This will include all levels of government and those individuals and agencies involved in community-level wellness across the territory in formal and informal capacities. Mental health is not just a “health” issue and our strategy links to critical areas for action that are housed in other arms of government and at the community level. Joint action is the *only* way we can create the kind of impactful change we are all seeking. Common language, a shared vision and a clear accountability framework will go a long way towards coordinating our actions.

Executive Summary

The Government of the Northwest Territories is committed to supporting the well-being and safety of residents by delivering quality mental health and addictions programs and services through culturally-appropriate methods. The *Mind and Spirit Mental Health and Addictions Strategic Framework* will guide all of the work in this area over the coming years. The Framework has been developed in consultation with northerners, including residents, health and social service practitioners, and Aboriginal governments. It is a plan that builds on existing strengths of connectedness to culture and community, which are some of the strongest preventive foundations against mental health crisis and substance abuse in our territory. Grounded in a population-health approach, the framework also sets some new directions and philosophies for care.

The Framework will focus on four key directions:

-  **A Focus on Prevention and Early Intervention**
-  **A Recovery-Oriented System**
-  **Personal Experience and Outcomes**
-  **A Whole of Government Approach**



A Focus on Prevention and Early Intervention

Prevention and early intervention is the first key direction needed to effectively promote mental wellness and addiction recovery in the NWT. This key direction will focus on the following priority groups:

- Children
- Youth
- Families
- Elders



A Recovery-Oriented System

A recovery oriented system represents a transformation of our current mental health system. The changes begin with how we view mental health and wellness. Recovery is about being able to live a meaningful and satisfying life, whether or not there will continue to be ongoing symptoms or limitations caused by mental health problems, illnesses, or addictions. People can and do recover, but it's a deeply personal process that is unique to the individual. One size does not fit all and each person has the right to determine what works for them. The focus on recovery will have a balanced approach to healing. A system that recognizes and supports recovery on all levels includes the following elements:

- Mental
- Physical
- Spiritual
- Cultural



Personal Experience and Outcomes

Personal experience and outcomes refers to the need to learn from individual experiences through ongoing research, monitoring and evaluation work, and improving the services we provide based on these lessons. It also refers to our commitment to provide high quality training opportunities to everyone involved in planning and delivering mental wellness and addiction recovery programs and services. All of this directly links to the quality of care NWT residents receive through our system. This key direction will focus on the following priority areas:

- Research
- Training
- Monitoring and Evaluating Outcomes



A Whole of Government Approach

Better integration of services between various levels of government and across departments paves the way for a “no wrong door” approach to mental wellness or addictions recovery support. With this approach, any helping professional is able to connect individuals and families with the appropriate services, even if that service is not offered by their organization or within their sector.

Partnerships and joint accountability are critical to ensure success in promoting, protecting and restoring mental health and effectively addressing addictions. This includes partnerships across the following levels of government:

- Federal
- Aboriginal
- Territorial
- Community

Next Steps

The four key directions are mutually reinforcing – each area interacts with the others. There needs to be progress in all areas to achieve success. Over the coming months, three detailed action plans will flow from this framework – A Child and Youth Mental Wellness Action Plan, a Mental Health Action Plan, and an Addictions Recovery Action Plan. Each action plan will incorporate the four key directions described in this overarching Strategic Framework and will spell out specific goals and objectives under the three priority areas of mental health and addictions that will address identified gaps in services and result in improved access for all NWT residents.



Introduction – Our Story

The history of the NWT is filled with stories of strength in the face of adversity, a deep connection to the land and a strong commitment to this place and to one another. It is a story rooted in the resourcefulness and rich cultural heritage of our territory's Indigenous people – the Dene, Inuit, Inuvialuit and Métis. The story extends to include the histories of early settlers through to recent immigrants who have all helped to shape our communities. There are some painful chapters in our shared history. Colonization and residential school are part of our collective narrative here in the NWT, with far-reaching impacts that are only beginning to be understood.

While the resiliency of people in the North is undeniable, we know that our well-being as a territory is challenged by poor mental health outcomes, substance abuse and addiction. On our streets and in our homes, we see people struggling to maintain balance. These are our friends, our family members, our neighbors; at times we may struggle ourselves. Less visible, but equally important, are the perspectives of the many people who are working hard to keep communities healthy and support those around them. While there are many gaps and pitfalls in our current approaches to mental health and addictions, the dedication and commitment of our people to care for one another is not one of them.

Through this Strategic Framework, we have an opportunity to strengthen our approach to supporting mental wellness and addictions recovery with the best new evidence of what works. Informing this strategy are promising practices from other jurisdictions, research from leading national organizations like the Mental Health Commission of Canada, community input from recent territory-wide consultations and an external review of current mental health and addiction systems completed by a team of clinical and health system experts. Our goal is to foster hope, promote

self-determination and build partnerships that support mental wellness and addictions recovery, while recognizing the uniqueness of each person's journey.

This Strategic Framework builds on our territory's existing strengths of connectedness to culture and community which are some of the strongest preventive foundations against mental health crisis and substance abuse in our communities. Grounded in a population-health approach, the framework also sets some new directions and philosophies for care. The real-life experiences of NWT residents featured in this document further illustrate why these directions are so critically important. Ultimately, this Strategic Framework outlines an approach for how we can use our existing resources to come together to shape an NWT with better mental health outcomes and fewer addictions. This long term plan requires collective action. Working together, we can change the story of our NWT and how we, as a collective society, support each other in leading lives with meaning, value and purpose, no matter the challenges we face.

Our goal is to foster hope, promote self-determination and build partnerships that support mental wellness and addictions recovery while recognizing the uniqueness of each person's journey.

Strategic Framework Development Process

The process for developing this Strategic Framework for mental wellness and addictions recovery began with the Minister's Forum on Addictions and Community Wellness in 2012. This extensive consultation process involved a team of 12 independent members travelling to 21 communities in all regions of the NWT. Their report, *Healing Voices*, delivered to the Minister of Health and Social Services in the spring of 2013, identified key priorities based on community perspectives. Among these priorities was the need for on the land healing programs that are rooted in local culture and combine the wisdom of Elders and traditional knowledge with contemporary treatment modalities. Other primary recommendations included more programs for youth, improved access to a range of treatment programs to respond to individual needs, and more emphasis on celebrating successes. These recommendations informed *Pathways to Wellness*, the updated action plan for addictions and mental health for 2014-2016, and resulted in new funding to support on the land healing programs. The community perspectives shared during the Minister's Forum have also informed the development of this new Strategic Framework.

Another important opportunity for community input was during the 17th Legislative Assembly's Standing Committee on Social Programs review of Bill 55, the new *Mental Health Act*. During its review in 2015, the Committee heard from well over one hundred residents and stakeholders. Public meetings were held in Yellowknife, Inuvik, Norman Wells, Tulita, Fort Smith, Fort Resolution, Hay River, Kakisa and Fort Providence. Seventeen written submissions were received from NWT professional organizations, non-profits and individuals.

Like the existing *Mental Health Act*, the new Act focuses primarily on treatment of mental illness; however, the community consultations surrounding the Act also shed light on the gaps and needs with respect to community wellness and mental health promotion. Some recurring themes which were raised by community members during the public hearings included the need for a dedicated strategy on youth mental health, the missing cultural context and provisions around language and the right to interpretation services, and several issues related to capacity, such as services not available or accessible in communities. These concerns and the recommendations from the Standing Committee on Social Programs have been instrumental in shaping the renewed Mental Health and Addictions Strategic Framework.

Feedback and ideas from those working within our system have also been central to shaping this Strategic Framework. GNWT mental health and addictions team members have shared their perspectives through internal consultation sessions. Research into best practices also fed into the process, as well as extensive research looking at leading and emerging practices in other jurisdictions facing similar issues. As part of this research, an analysis of all of the past recommendations (those included in prior GNWT documents and reports completed by agencies outside of government) has been completed. Through this analysis it has been possible to assess what areas of improvement have been consistently identified over the years and unresolved issues have been prioritized within this renewed Strategic Framework.

Another major initiative contributing towards the development of this Strategic Framework was an independent, external review of the current mental health and addictions system in the NWT conducted by two experts in the field of mental health and addictions service delivery, Ms. Janet Davidson and Dr. Stanley Kutcher. Ms. Davidson has over 35 years of experience in healthcare administration, most recently as the Deputy Minister of Alberta Health. Dr. Kutcher is a practicing psychiatrist and an internationally renowned expert in the area of adolescent mental health. Their review of the NWT system looked at how current organizational and administrative structures and resource allocations supporting mental health and addictions services compare to best practices.

All of these processes fed into the development of a draft Strategic Framework. Through in-person meetings with Aboriginal Leaders in May 2016, and public outreach initiatives between July and September 2016, the draft framework was reviewed and validated.

This validation process has led to specific changes to the Strategic Framework, for example, consultations with Aboriginal leadership resulted in an increased emphasis on culture and traditional healing. Focus groups with youth from across the territory confirmed the need for a strengthened connection between school environment and child and youth mental health. Youth participants also stressed the importance of choice in the ways that supports for mental health and addiction are provided. Telephone and email feedback from NWT residents who participated in a territory-wide community radio call-in show emphasized the importance of community-level services and informal supports in promoting recovery from mental health and addiction issues.

Engagement work will continue as we focus on developing specific action plans looking at mental health and addictions programs and services and an action plan focused on children and youth mental wellness and addiction prevention/intervention.



Community Perspectives on Mental Wellness and Addictions Recovery

NWT residents have shared their perspectives on mental wellness and addictions recovery through a number of community forums set up as part of the 2012 Ministers Forum on Addictions and Community Wellness as well as the 2015 *Mental Health Act* Public Consultations. The feedback received through these sessions paint a very clear picture of what NWT residents expect, and what our priorities should be in terms of mental health and addiction programs and services.

Feedback from these public sessions was organized by themes, which are identified below:

- **Youth**
- **Culture and Language**
- **Role of Community and Family**
- **Working Together for Better Programs and Services**

Youth

NWT residents see a need for more programs and services geared towards youth. There is a particular interest in seeing more hands-on activity-based programming, such as wellness camps, which blend traditional and modern teachings about mental health and wellness. NWT residents recognize the unique needs of children and youth with respect to mental health and addictions and have repeatedly cited the lack of a specific strategy that focuses on children and youth as a major gap. This includes a need for more services for youth with identified mental health problems, as well as increased supports for older youth who are emerging into adulthood.

Culture and Language

Residents envision programs and services that reflect their cultural heritage and traditional languages. There is a recognized need for culturally relevant programs and services, including community-based and operated on the land programming. In all our services, including those which take place in a hospital setting, NWT residents stressed the importance of ensuring that culture is respected and the appropriate provisions are made around language and the right to interpretation services.

“The family unit needs to heal. It is not one person, but it is the love and support of your family and community. We need to connect with supportive community members.”

Participant, Minister’s Forum on Addictions and Community Wellness

“We need to incorporate the western and the traditional components. The elders are our resource. Our values and beliefs are there. Nothing is broken, nothing needs to be fixed. Dene people have the resiliency.”

Participant, Minister’s Forum on Addictions and Community Wellness

Why is there no Addiction Treatment Centre in the NWT?

Since the closure of the Nats'ejee K'eh Facility on the Hay River Reserve in 2013, many NWT residents have been calling for the establishment of another territorial treatment facility.

NWT's vast geography, small population size, and diversity of cultures, language and healing traditions make it very difficult to realize the dream of a territorial treatment center grounded in local customs and traditions. There is no single location that is 'home' to everyone or one healing tradition that fits everyone's needs. A small population means ongoing, concurrent programming for men and women is extremely costly. As part of comprehensive addictions recovery, specialized services are sometimes required that the territory simply does not have the funding or expertise to provide in-house.

In promoting recovery from addictions, providing flexibility and choice is critically important. To maximize the number of options available to NWT residents, the Department of Health and Social Services has entered into service agreements with four accredited treatment facilities in southern Canada with tailored programs for both men and women, including programs using trauma-informed practice and an Indigenous healing focus. Referrals are available to all programs through the Community Counselling Program. The Department has also focused on expanding the range of services available, including the introduction of On the Land programming and mobile treatment.

There is certainly room for improvement, including a need for further treatment options and better recovery supports in communities following treatment. However, by using a combination of out-of-territory treatment services and local programming, more NWT residents are getting access to a wider range of addiction recovery programs and services. The increasing number of referrals and faster-than-ever turnaround times are indicators that the current approach is serving NWT residents well.

Role of Community and Family

NWT residents stressed the importance of staying connected to family and community throughout the journey toward mental wellness and addictions recovery. Taking a broader focus that includes not only the individual, but the wider family and community, is of critical importance to many NWT residents. This includes the importance of family and community support as a component of community counselling services and recovery supports following residential treatment. It also includes providing practical and emotional support for the caregivers of those struggling with a mental health or addictions issue.

Family and community wellness was also identified as a precursor to individual mental wellness and addictions recovery. As one participant at the Minister's Forum on Addictions and Community Wellness put it, "you can't heal if you can't meet the basic needs of your family and kids." NWT residents want and expect a wide-lens perspective where various aspects of health and social policy affect not just individuals, but also families and communities.

Working Together for Better Programs and Services

The territory's residents expect the GNWT to set the standard when it comes to working together in partnership with others. This includes working closely with communities; there is an expectation that there is community representation in all aspects of program delivery. There are also concerns about the current limitations of programs and services, including the absence of a dedicated addiction treatment centre in the territory. Many people in the NWT strongly believe that culturally relevant treatment delivered close to home works best.

"We need more integration between the Tree of Peace, the Day Shelter, mental health and addictions counsellors, social assistance and Hay River."

Participant, Minister's Forum on Addictions and Community Wellness

A Snapshot of Mental Health and Addictions

A sense of connectedness or belonging is a key building block for mental wellness.^{xi} In the Canadian Community Health Survey, NWT residents consistently report a sense of community belonging that is higher than the national average.

Alcohol and drug use is very costly to our system. Between 2008/09 and 2010/11, on an annual average basis, 429 NWT patients were hospitalized 615 times with one or more alcohol or drug related issue, resulting in 3,250 bed days at an estimated cost of \$7.5 million to the territorial health system.ⁱⁱⁱ

Canadians in the lowest income group are three to four times more likely than those in the highest income group to report poor to fair mental health.^{viii}

In the NWT between 2008/09 and 2010/11, alcohol and drug issues were involved in the majority of mental health hospitalizations. They made up 68% of the patients and 49% of the costs to the system. Hospitalization rates include Alcohol and Drugs, Mood Disorders, Schizophrenia and Psychotic Disorders, and Anxiety Disorders. The NWT's mental health hospitalization rate is on average approximately over twice that of the national average (2012/13). The NWT has higher rates of hospitalizations for each of the four main categories relative to national rates, with especially higher rates of alcohol/drug hospitalizations (over seven times) and anxiety disorder hospitalizations (over three times).ⁱⁱ Hospitalization rates include Alcohol and Drugs, Mood Disorders, Schizophrenia and Psychotic Disorders, and Anxiety Disorders.

Stigma is real. Only 49% of Canadians said they would socialize with a friend who has a serious mental illness.^v

In any given year, one in five Canadians experiences a mental health or addiction problem.ⁱ

Clinical depression is one of the most common mental illnesses in Canada.^{ix} Once depression is recognized, help can make a difference for 80% of people who are affected, allowing them to get back to their regular activities.^x

Mental health problems and illnesses hit early in people's lives. Up to 70% of young adults report that mental health problems and illnesses began in childhood or adolescence.^{iv}





Two in three people with mental health concerns suffer in silence fearing judgment and rejection.^{vi} Those living with mental illness are more likely to be victimized by acts of crime, hate and discrimination than to perpetrate them.^{vii}

Getting help is part of recovery. All mental illnesses can be treated.^{xii}

Strategic Framework – Four Key Directions

Based on the expressed needs of NWT residents and leading evidence-based research, this Strategic Framework proposes **four guiding strategic directions**, which together represent a holistic circle of care.

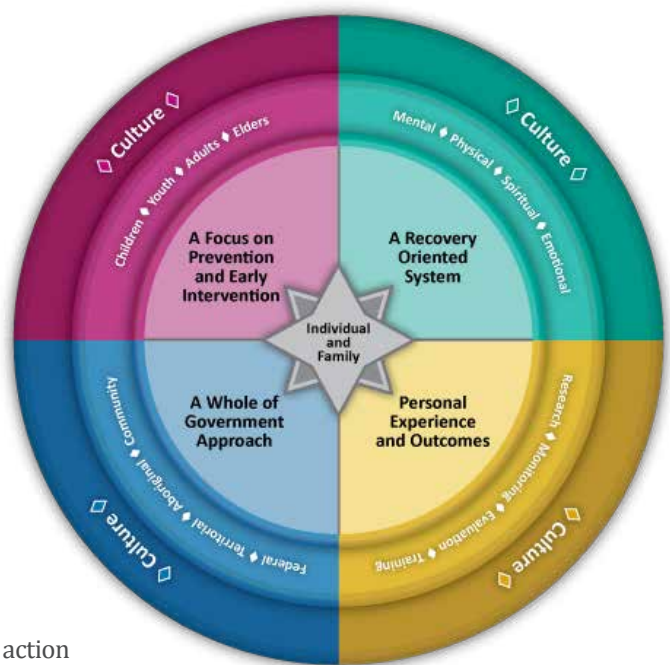
Each of these directions requires major shifts in practice as well as the integration of the best elements of current approaches. These four directions are:

-  **A Focus on Prevention and Early Intervention**
-  **A Recovery-Oriented System**
-  **Personal Experience and Outcomes**
-  **A Whole of Government Approach**

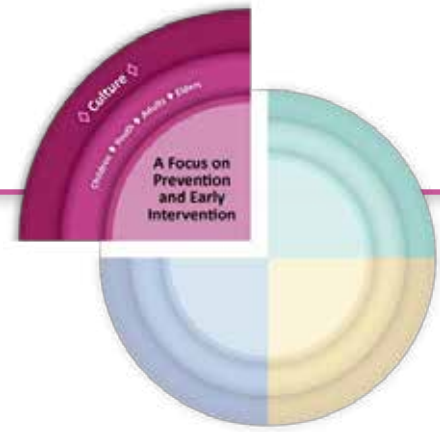
Each of the four directions is further defined with specific priority areas. These priorities will be translated into detailed commitments during the next phase of strategic planning when action plans are developed. Examples of potential actions which could fall under each key direction are described later in this report.

At the center of this model of care is the individual person receiving services or support. This is because the needs and best interests of the people we serve must be our central focus. The mental health and addiction system is here to serve *their* needs – not the other way around. The needs and best interests of the service user are best defined by the individual themselves.

Surrounding the entire model is a focus on culture. Cultural connectedness is an integral part of maintaining mental wellness and supporting addictions recovery for many NWT residents. It is also critically important that residents of all cultural backgrounds feel safe and respected when they access programs and services. Therefore, all of the work undertaken to promote mental wellness and support addictions recovery will be considered through the lens of **cultural safety**. Cultural safety is a concept that is very well aligned with a person-centered approach and it is the outcome of receiving services in a culturally sensitive environment. Cultural safety requires us to consider the question: From the perspective of the individual receiving care, how culturally safe was a service encounter? Was their cultural location, values, and preferences respected and assisted?



A Focus on Prevention and Early Intervention



'Prevention and early intervention' is the first key direction needed to effectively promote mental wellness and addiction recovery in the NWT. Prevention and early intervention includes a variety of upstream approaches we can take to prevent mental health problems and substance abuse from developing in the first place. In addition, it includes supports we put in place to ensure that those who are struggling with mental health or substance use issues get the help they need early on.

Within this key direction of prevention and early intervention we have identified the following priority groups:

- Children
- Youth
- Families
- Elders

In order to make the biggest impact, we need to simultaneously focus on both the **risk factors** that make people vulnerable to mental health problems and addictions, as well as the **protective factors** that support mental wellness at the family and community level, build coping skills and promote resiliency. This includes prioritizing activities that address the social determinants of health, including education, housing, income support, and early childhood development as well as activities focused on specific risk factors such as Fetal Alcohol Spectrum Disorder and family violence.

Mental health and addictions issues are most often identified first at the community level. In response, we must continue to strengthen the capacity of our frontline responders to both recognize the early signs of mental health and/or addiction issues and to assist residents in receiving the support they may require. This will include more training for formal and informal caregivers and improved communication about the support services available to NWT residents.

Mental wellness promotion and addictions prevention is particularly critical for children and youth. We know that the vast majority of mental health problems and addictions issues stem from early childhood experiences and first present themselves during adolescence. Key areas for action in child and youth mental wellness promotion include partnerships in the areas of early childhood development, child protection, and school-based mental health promotion and support.

Promising Practices in Prevention and Early Intervention

Health promotion strategies which show promise in terms of improving long-term mental wellness outcomes have a number of characteristics:

- Are strength-based;
- Enhance individuals' capacity to take control of their lives;
- Promote resiliency; and
- Engage partnerships.^{xiii}

Promising practices in Indigenous-specific mental health promotion are those initiatives which:

- Extend beyond individuals to the whole community;
- Are holistic;
- Address power disparities and promote individual and community empowerment;
- Strengthen cultural identity;
- Support creative cultural expression; and
- Strengthen intergenerational relationships.^{xiv}

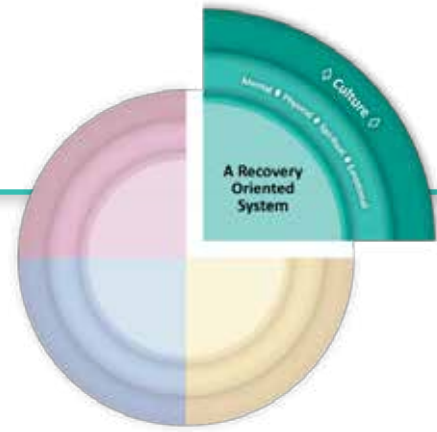
“Our family has taken part in two different programs with Project Jewel. The first one was a couples workshop, which my husband and I attended at a point when we were struggling. It really helped us. We are so much closer now and our whole family is happier. The second program was a family trip to a Whaling Camp on Baby Island. All of us learned how to hunt and cut up the whale. It was another opportunity for our whole family to come closer together, to learn new skills and to be happy working together. I would like to see more programs like this offered throughout the year.”

– Denise



Denise and Daniel Cockney and their family are residents of Tuktoyaktuk and active participants in the Inuvialuit Regional Corporation's land-based mental wellness initiatives through Project Jewel.

Recovery-Oriented Practice



A recovery-oriented system represents a transformation of our current mental health system. The changes begin with how we view mental health and wellness. Recovery is about being able to live a meaningful and satisfying life, **whether or not there continue to be ongoing symptoms or limitations caused by mental health problems or illnesses**. People can and do recover, but it's a deeply personal process that is unique to the individual. One size does not fit all and each person has the right to determine what works for them. Recovery-oriented practice was born out of a movement for change in the mental health field, and also has transformative potential for those dealing with addictions issues.

Recovery may include **recovery from trauma**. Throughout the past several decades a large amount of research evidence has accumulated to support the connection between past traumas (especially those that occurred in early childhood) and mental health and addictions. We must incorporate trauma-informed care strategies into our programs and services at all levels to ensure we have a system that is responsive to the unmet needs in this area.

The individual is the one to define what “recovery” looks like for them. Supports need to be in place to foster hope, help people find meaning and feel empowered on their journey towards recovery. Through this direction, we are creating a system that emphasizes self-determination and that supports the values of respect, dignity and choice.

A system that recognizes and supports recovery on all levels includes the following elements:

- Mental
- Physical
- Spiritual
- Cultural

Our focus on recovery must contain a balanced approach to healing, including opportunities for traditional healing modalities alongside the clinical system. Recovery looks different for every person, and the aim is to support **choice** in recovery services and supports wherever possible.

Promising Recovery-Oriented Practices

Research shows that hope plays a critical role in achieving the best possible outcome for recovery. Hope is fostered through:

- The use of positive language;
- Maintaining a focus on strengths;
- Building on the resources that are available; and
- Helping people sustain relationships.

Recovery involves family and peer supports:

- Peer support is a very important component to recovery-oriented practice. Opportunities for peer connections should be sought out to allow individuals recovering from mental health issues or addictions to learn from others who have walked a similar path and can relate to their challenges.
- Local recovery champions should be supported and engaged in training and outreach work.
- Whenever possible, family and significant others important to the person in recovery should be actively involved in the care plan for the person in recovery so that they are supported in meeting their goals and feel connected to a larger support network.^{xv}

"While in treatment I learned a lot about how to live with my emotions. I don't say 'deal with' because it really is about learning to accept and live with our disease. And whether it's anxiety, depression, addiction, it's about learning how to live with it. I can put it into remission but it's never going to be gone. For the rest of my life, I'm always going to be recovering. So for me that means every day I wake up I have to give the disease of mental illness the respect it deserves, because it's taken a lot of lives. And I can't let my guard down. I know that if I'm not working towards a better life, I'm taking a step backwards. I've got to keep focused on moving forward."

– Devin

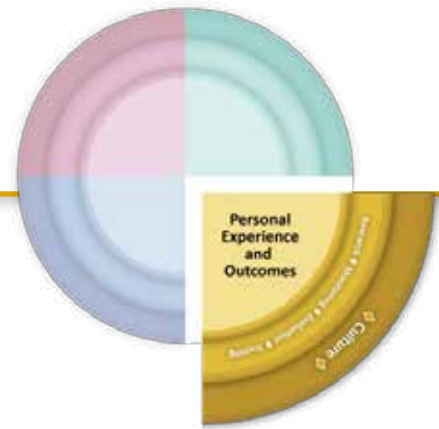
"Recovery looks different for every person. For me, it's meant taking it one day at a time, keeping track of my emotions and making time to take care of my body. Spending time with supportive friends and also making time to be alone and check in with myself is all part of that self-care. Sharing my story with other youth from small communities who might feel alone with their struggles also is part of my recovery."

– Tanis



Devin Hinchey from Yellowknife and Tanis Niditchie from Tulita are two young northerners who both recently completed a residential treatment program for alcohol and drug addiction at Edgewood in Nanaimo BC. Both of them are now living in recovery and pursuing further education.

Personal Experience and Outcomes



The third key direction informing this Strategic Framework is Personal Experience and Outcomes. This refers to the ongoing research, monitoring and evaluation work that is needed in order to understand and learn from people’s needs and experiences, then improve the quality of the system based on these lessons. It also refers to our commitment to provide high quality training opportunities to everyone involved in planning and delivering mental wellness and addiction recovery programs and services. All of this directly links to the quality of care NWT residents receive through our system.

A focus on personal experience and outcomes in evaluation means ensuring that we are capturing not just the bare-bones information about a program or service, such as how many people attended or what was on the agenda, but also getting at the personal and collective experiences that people are having. We want to be able to measure long-term change so that we can speak confidently about what is working and where there is room for improvement.

A focus on personal experience and outcomes in training means that *everyone* who has a role to play in ensuring a high standard of care in mental wellness and addiction recovery are engaged in skill development opportunities. This is particularly important in terms of supporting full system transformation towards recovery-oriented practice. A major shift in practice will involve training and education as well as reflection about values, beliefs and ways of working together.

Under ‘Personal Experience and Outcomes’ we have identified the following areas as priorities for action:

- Research
- Training
- Monitoring and Evaluating Outcomes

An example of the types of activities we will undertake in this area is developing an evaluation framework whereby on the land healing programs can be more effectively evaluated against community-identified program goals and objectives. Another action item may be research into how other jurisdictions have successfully incorporated traditional healing into the delivery of mental health and addictions programs and services.

Promising Practices That Relate to Individual Experiences and Outcomes

There are ways for groups to work together to understand and measure issues that are very complex. Promising practices involve first agreeing on common goals, and then on mutually agreeable ways to define and measure those goals.

Using participant-defined outcomes to gauge program and service success is an important part of any people-centered approach. Working with participants to understand their personal goals can help individuals, and the system, improve together.

We know that a personal connection to one’s own culture is a protective factor against self-harming behaviors. For this reason supporting individual cultural connections and improving cultural safety in everything we do will be a key aspect of high quality programing and service delivery.

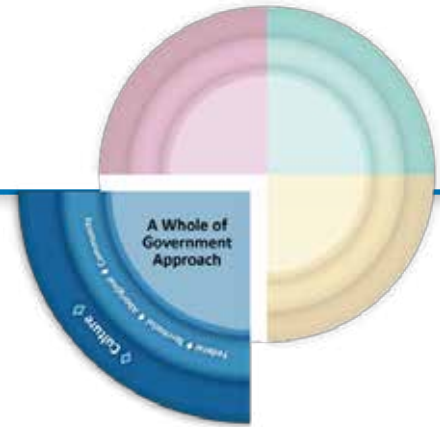
"The NWTRPA has been training recreation leaders in the Northwest Territories since 1989. We started off by asking recreation leaders what makes a great recreation program and what kind of training and support is needed. Every year we look for ways to improve on our training, and we continue to tailor our programming to recreation leaders' needs. Our goal is that everyone has the access and support to choose an active and healthy lifestyle. We do this by supporting leaders, communities and partners through training, advocacy and networking; from on the land programs, to Elders in Motion programs, to swimming, and quality youth programs. We see recreation as a key part of individual, community and environmental wellbeing."

– NWTRPA Board of Directors



The NWT Recreation and Parks Association contributes to positive mental wellness in the NWT through the delivery of recreation and land-based leadership programming. Their unique tri-territorial training initiative was designed to enhance individual, community and environmental wellbeing through the power and potential of recreation. They were recently the recipients of the Arctic Inspiration Prize for this initiative.

A Whole of Government Approach



NWT residents expect a coordinated approach to mental health promotion and addictions recovery and this requires all levels of government across the NWT to work together. The most essential ingredients for meaningful program and service delivery are unity of effort and purpose among those delivering health and social programs.

The call for an integrated, collaborative approach to tackling mental health and addictions is not a new one. In fact, it is the most frequently cited recommendation in reports from both government departments and those of other external experts looking at our system. Our success in promoting, protecting and restoring mental health and effectively address addictions relies on all of us working together, including all levels of government and all those involved in community-level wellness efforts across the territory. Partnerships and joint accountability are critical at all levels:

- Federal
- Territorial
- Aboriginal
- Community

The social determinants of health, including but not limited to education, housing and income security, have a major impact on mental wellness and addictions recovery. We recognize the need to link mental wellness and addictions recovery to other critical areas for action that are housed in other arms of government and at the community level. Working collaboratively across jurisdictional and departmental lines is the *only* way we can create the kind of impactful change we are all seeking.

Beyond collaborative work on projects and community level efforts, this direction is about bringing a recovery approach to all levels of public service to align our policies, programs and services. We need a shared ethic around mental wellness and addiction recovery to improve the overall outcomes for NWT residents, which, in turn, will transform the way we work. Common language, a shared vision and a clear accountability framework will go a long way towards coordinating our actions.

Wrap-around care is an example of the type of whole of government approach that is required to deliver more effective mental wellness and addictions recovery programs and services to NWT residents. Wrap-around care is an intensive, strengths-based method of working with individuals using a team planning process that involves the individual themselves, their family and formal and informal support network.^{xviii} Changes to the NWT *Health Information Act* mean that with the permission of the individual receiving services, it is now possible to share information between health and social service providers to support a multidisciplinary team-based approach to providing service. This is a particularly important approach for individuals with complex needs, such as incarcerated individuals who are also dealing with addictions issues.

Promising Practices Related to a Whole of Government Approach

Better integration of services between various levels of government and across departments paves the way for a **no wrong door approach** to mental wellness or addictions recovery support. With this approach, any helping professional is able to connect individuals and families with the appropriate services, even if that service is not offered by their organization or within their sector.

Electronic health records are critical infrastructure for understanding the way patients move within and between different health and social care providers and providing coordinated care.^{xvi}

Taking a **population-health approach**, which is concerned with the well-being of entire communities, is more effective than an acute-care model that puts the hospital at the center of care.

Bringing together organizations and services into an integrated health system typically requires the development of **governance structures that promote coordination**.^{xvi}

“As a medical social worker based out of the hospital here in Inuvik, my job is to connect the dots between physical health and mental health. I work with a multidisciplinary team of professionals to focus on solutions for people who have multiple needs. Initially, what might bring someone into care is a medical issue, but there are often other things going on in their lives that impact their health. Part of my job is to help the person navigate the system to help ensure their needs are being met. Making these connections allows people to feel heard and supported which is always the goal”

– Mario



Mario Betancourt is the Medical Social Worker at the Inuvik Regional Hospital. He is part of the Regional Health and Wellness Team, which uses an integrated and multidisciplinary model for coordinating care and services in the Beaufort-Delta.

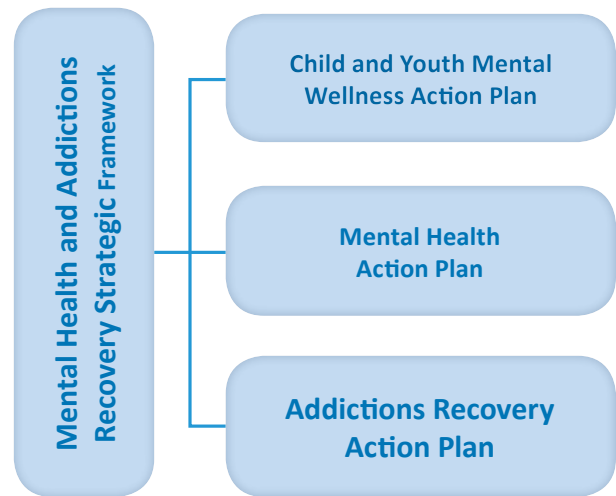
Next Steps

The four key directions are mutually reinforcing – each area interacts with the others. We need progress in every area to successfully realize the strategic vision. Over the coming months, three detailed action plans will flow from this framework and further guide us in aligning our work. These will include two five-year action plans – A Territorial Mental Wellness Action Plan, and a Territorial Addictions Recovery Action Plan. Each action plan will incorporate the four key directions described in this overarching Strategic Framework and will spell out specific goals and objectives under the three priority areas of mental health which will address identified gaps in services and result in improved access for all NWT residents.

Children and youth, in particular, deserve more from our system. In recognition of the critical window for support and identified needs in this area, a third stand-alone action plan focused on mental wellness promotion for children and youth will also be developed. This action plan will be the first of its kind in the NWT and is the first deliverable under this Framework. Work is already underway to engage a broad range of partners with a shared responsibility for child and youth wellness, as well as NWT youth themselves, in priority setting for this action plan.

Measuring progress is critically important, so each action plan will identify specific mechanisms for ensuring prevention and early intervention, implementing recovery-oriented practice, and ensuring quality ongoing engagement and collaboration on joint initiatives between and across governments. Built into these action plans will be an accountability framework, which sets out what measurable outcomes we are targeting within the lifespan of this Strategic Framework.

The road map is clear. The time is now. Let's use the stories and key directions described here to guide and inspire our work together as we strengthen the mental health and addictions system in the NWT.



Glossary

Addiction: A strong and harmful need to regularly have something (such as a drug) or do something (such as gamble).

Adolescents: Young people between the ages of 10 and 19.

Best Practices: Professional approaches that are accepted or considered as being most correct or most effective.

Child: The age range from birth to adolescence.

Colonization: Settling among and setting up political control over the indigenous people of an area.

Community-level services: A service that takes place in the community for the community.

Cultural Identity: The identity or feeling of belonging to a group. It is a part of a person's self-perception and is related to nationality, ethnicity, religion, social class, generation or any kind of social group that has its own distinct culture.

Cultural Safety: When services recognize and address power imbalances between service providers and service users, and the role of systemic issues such as racism and poverty.

Mental Health: A state of wellbeing in which you can realize your own potential, cope with the normal stresses of life, work productively, and make a contribution to your community.

Multi-disciplinary: Involving several professions in an approach to address a topic, provide support or solve a problem.

Peer: Someone who has something in common with you, such as age, background, experience or qualifications.

Peer Support: A supportive relationship between people who have a common lived experience. Peer support relationships offer support, encouragement, and hope to each other when facing similar situations.

Person-centered approach: Making sure that services meet the specific needs of an individual instead of using a "one-size-fits-all" model.

Population-health approach: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. To do this, it looks at the broad range of factors and conditions that have a strong influence on our health.

Protective Factors: Anything that helps a person keep their mental health. Examples include: positive coping style, good attachment to caregivers, supportive parenting, strong family connections, positive school environment, sense of belonging and connectedness, strong cultural identity and other.

Recovery: The process through which a person is able to live a satisfying, hopeful, and meaningful life (as defined by the individual), even when there are ongoing limitations caused by mental health and/or addiction issues.

Recovery Supports: The formal and informal care, treatment, help or supervision that aims to support an individual in their recovery of mental health and/or addiction issues.

Remission: When an individual is no longer experiencing symptoms or difficulties related to the original mental health and/or addiction concern.

Resiliency: The process of coping and adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

Risk Factors: Anything that makes a person more likely to suffer from mental health issues. Examples include: low bonding with caregivers, low self-esteem, family disharmony, caregivers with mental illness or substance abuse, bullying, emotional trauma, physical or sexual abuse, death of a family member, discrimination, lack of access to services and other.

Self-determination: The act of individuals to having full power over their own lives and the choices they make.

Social Determinants of Health: Factors like income, education, and housing that affect opportunities for health and wellbeing.

Stigma: Negative attitudes, beliefs, and behaviors that make people feel judged and ashamed.

Trauma: A traumatic event involves a single experience, or enduring repeated or multiple experiences, that completely overwhelm an individual's ability to cope or integrate the ideas and emotions involved in that experience. Trauma contains three main elements: 1) It was unexpected; 2) the person was unprepared; and 3) there was nothing the person could do to stop it from happening.

Wellness: The physical and emotional state that comes from living a balanced, fulfilling life. Wellness can mean different things to different people and can even change depending on where a person is in their journey.

Youth: An individual between the ages of 15 and 24 years of age.

References

- ⁱ Smetanin et al (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.
- ⁱⁱ NWT Department of Health and Social Services and CIHI, Discharge Abstract Data; CIHI, Quick Facts; NWT Bureau of Statistics, Population Estimates; and Statistics Canada.
- ⁱⁱⁱ Department of Health and Social Services (2013). *Northwest Territories Hospitalization Report*. Yellowknife NT: Government of the Northwest Territories.
- ^{iv} Mental Health Commission of Canada (2014). Why investing in mental health will contribute to Canada's economic prosperity and to the sustainability of our health care system. <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>
- ^v Canadian Medical Association (2008). 8th Annual National Report Card on Health Care. Accessed online at http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf
- ^{vi} Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. *The Daily, 3 September*. Accessed online at <http://www.statcan.gc.ca/daily-quotidien/030903/dq030903a-eng.htm>.
- ^{vii} Hiday, V. A. (2006). Putting Community Risk in Perspective: a Look at Correlations, Causes and Controls. *International Journal of Law and Psychiatry*, 29, 316-331. Institute of Medicine, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Washington, DC: Institute of Medicine.
- ^{viii} Mawani and Gilmour (2010). Validation of self-rated mental health. Statistics Canada Catalogue no. 82-003-X. as cited in http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/pages/addictionmentalhealthstatistics.aspx
- ^{ix} Public Health Agency of Canada (2016). What is Depression? Available online at <http://www.phac-aspc.gc.ca/cd-mc/mi-mm/depression-eng.php>
- ^x Canadian Mental Health Association (2016). Fast Fact About Mental Illness. Available online at <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.V2rzBLSrKUK>
- ^{xi} Ottman, G., Dickson, J. & Wright, P. (2006). *Social Connectedness and Health: A Literature Review*. Melbourne, Australia: Inner East Primary Care Partnership. Available online at <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1474&context=gladnetcollect>
- ^{xii} Canadian Mental Health Association (2016). Understanding Mental Illness. Available online at <http://www.cmha.ca/mental-health/understanding-mental-illness/>
- ^{xiii} Canadian Mental Health Association (September 2008). *Mental health promotion: A framework for action*. Available online at http://www.cmha.ca/public_policy/mental-health-promotion-a-framework-for-action/
- ^{xiv} Petrusek MacDonald, J., Ford, J.D., Willox, A.C. & Ross, N.A. (2013). A review of protective factors and causal mechanisms that enhance the mental health of Indigenous circumpolar youth. *International Journal of Circumpolar Health*, 72. Available online at <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/21775/html>
- ^{xv} Mental Health Commission of Canada (2015). Guidelines for Recovery-Oriented Practice. Available online at <http://www.mentalhealthcommission.ca/English/document/72756/guidelines-recovery-oriented-practice>
- ^{xvi} Suter, E., Oelke, N.D., Adair, C.E., & Armitage, G.D. (2009). Ten Key Principles for Successful Health Systems Integration. *Healthcare Quarterly*, 13(Spec No): 16–23.
- ^{xvii} Winters, N.C. & Metz, W.P. (2009). The wraparound approach in systems of care. *The Psychiatric Clinics of North America*; 32(1):135-51.



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English

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French

Kĩspin ki nitawihtĩn ē nĩhĩyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłıchq yatı k'èè. Dı wegodi newq dè, gots'ō gonede.

Tłıchq

ᑭerihł'ís Dēne Sų́íné yatı t'a huts'elkēr xa beyáyatı theᑭᑭ ᑭat'e, nuwe ts'en yółtı.

Chipewyan

Edı gondı dehgáh got'ıe zhatıé k'èè edat'éh enahddhę nıde naxets'é edahlı.

South Slavey

K'áhshó got'ıne xadā k'e hederı ᑭedıhtı'é yerıniwę nıde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ıjähch'uu zhit yınohthan jı', diits'at ginohkhii.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ċ'bdċ nn'bbΔċ λϨLJΔPċ Δ.đbNĊċ'ϣϨLϣN'b, Δ'ēċN'đċ Δ'ıbcϨ'đ.đ'ıbĊNċ.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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