

# Improving Youth Mental Wellness Services in Ulukhaktok, NT



Summary of 'Improving youth mental wellness services in an Indigenous context in Ulukhaktok, Northwest Territories: ACCESS Open Minds Project' in the ACCESS Open Minds Early Intervention in Psychiatry Supplement



# Introduction

ACCESS Open Minds is a national evaluation project transforming youth mental health services across the country. The project was initiated through Strategy of Patient-Oriented Research (SPOR) and it funded by the Canadian Institutes of Health Research and the Graham Boeckh Foundation.

The ACCESS Open Minds network is made up of 14 communities located in 6 provinces and 1 territory. The service transformation framework consists of 5 objectives: early intervention, rapid access, appropriate care, continuity of care, and youth and family engagement. Due to the diversity of geographic, political and cultural realities at each of the 14 sites, the transformation framework and objectives were designed to be adapted to each site in order to meet the specific needs of local youth in those communities.

The supplement describes how service transformation was achieved in seven of the ACCESS Open Minds sites. This document summarizes the article describing the service transformation which took place in the ACCESS Open Minds Ulukhaktok site.



SPOR network funded by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation.



## ACCESS OM Objectives



Early Identification



Rapid Access



Appropriate Care



Continuous Care



Youth and Family Engagement



# Context

## Geography

Ulukhaktok is a small hamlet of 396 people in Canada's western arctic. It is part of the Inuvialuit Settlement Region. Until 'settlements' were established under colonial rule in the 1930s, the Inuvialuit people were traditionally nomadic. The Inuvialuit have thrived in the high arctic for more than a millennia, harvesting food from the land and the icy waters. They have passed down tradition and culture through spoken word, art and practice. The community is only regularly accessible by air due to its geographically remote location. An annual barge from the south makes large deliveries of supplies including building supplies, dry goods and vehicles.



## History

Before discussing service provision in the community, it is relevant and important to understand the effects of colonization, especially pertaining to mental health, that exist in Ulukhaktok. Intergenerational trauma caused as a result of residential schools and the forcible removal of Indigenous children from their homes and communities has had a lasting effect on the community. The last residential school in the Inuvialuit Settlement Region was closed as late as 1996.



# Community Mapping

Community mapping was undertaken as a first step towards service transformation in Ulukhaktok. Mental health services are incorporated into general health services. The small hamlet town provides a central location for multiple services (located in the school, Health Centre, Kayutak Centre, and the Hamlet Office). Despite the services available in the community, older youth (18-25) often do not engage in the existing activities. Health Care providers, the school principle, and the Royal Canadian Mounted Police (the federal police agency serving Ulukhaktok) are often preferred points of contact for youth with mental health problems as youth were less likely to reveal these types of concerns to people who are known to them as community members.

## Existing Services

- The Community Centre provides culturally coherent activities (drum dancing, cooking, community feasts)
- Members of the community often hold positions of Community Health Representative, Home Support Worker and Student and Family Support Worker
- A youth centre serves all elementary and secondary grades (ages 5-18) and hosts after-school programming
- Non-Indigenous nurses from the south provided general services to youth. Most were on 8 week rotations, with one worker staying part of the year.



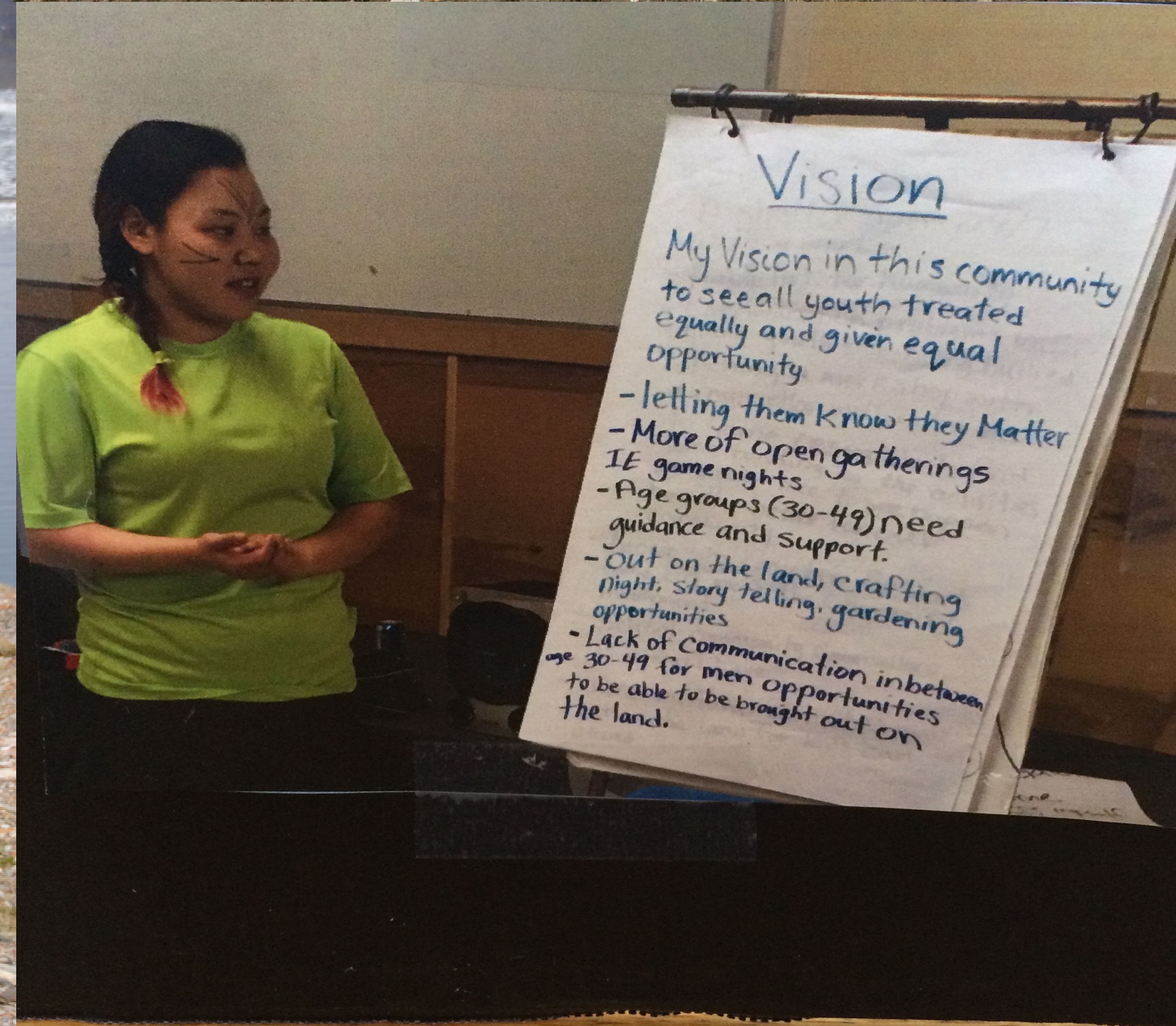


# Findings of the Community Mapping Exercise

The community had limited mental health knowledge or local skills to be able to provide support to young community members.

There was a desire to use their own knowledge and skills to help young people. They wanted to draw on land and sea based traditions to support youth.

Youth in severe crises are often referred down south for care (a minimum 1.5 hours by plane) since no psychiatric services are available locally. The ACCESS Open Minds local community team want the skills to provide care to these youth as they return home, the skills to identify youth at risk for mental health and addictions issues early on and the ability to support them locally.





# Lay Health Worker Model

It was clear that hiring a full-time ACCESS Open Minds clinician would not be the right way of reaching youth in Ulukhaktok. While professional staff would provide standardized mental health services, the community felt that service providers needed a better understanding of local youth and a trusting relationship (investment and connection to the community) because there was still a lingering mistrust of "mainstream" mental health services and stigma towards mental illness. As an alternative, they proposed that a local resident - someone with an in-depth understanding of the community and its needs - would be better able to fill this role. The team adapted a Lay health Worker role and training for an **ACCESS OM Youth Worker (AYW)**.

## Success of implementation depends on:



Adequate training on the roles of LHWs



Resources for problems that are beyond the capacity of the LHW



Careful local adaptation to geographic, cultural and economic conditions



Cultural and linguistic similarities to the community they are serving



Availability and appropriateness of technology



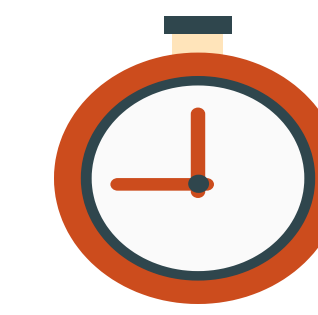
External, professional back-up



Non-threatening, culturally relevant option for youth seeking mental health supports and services in Ulukhaktok

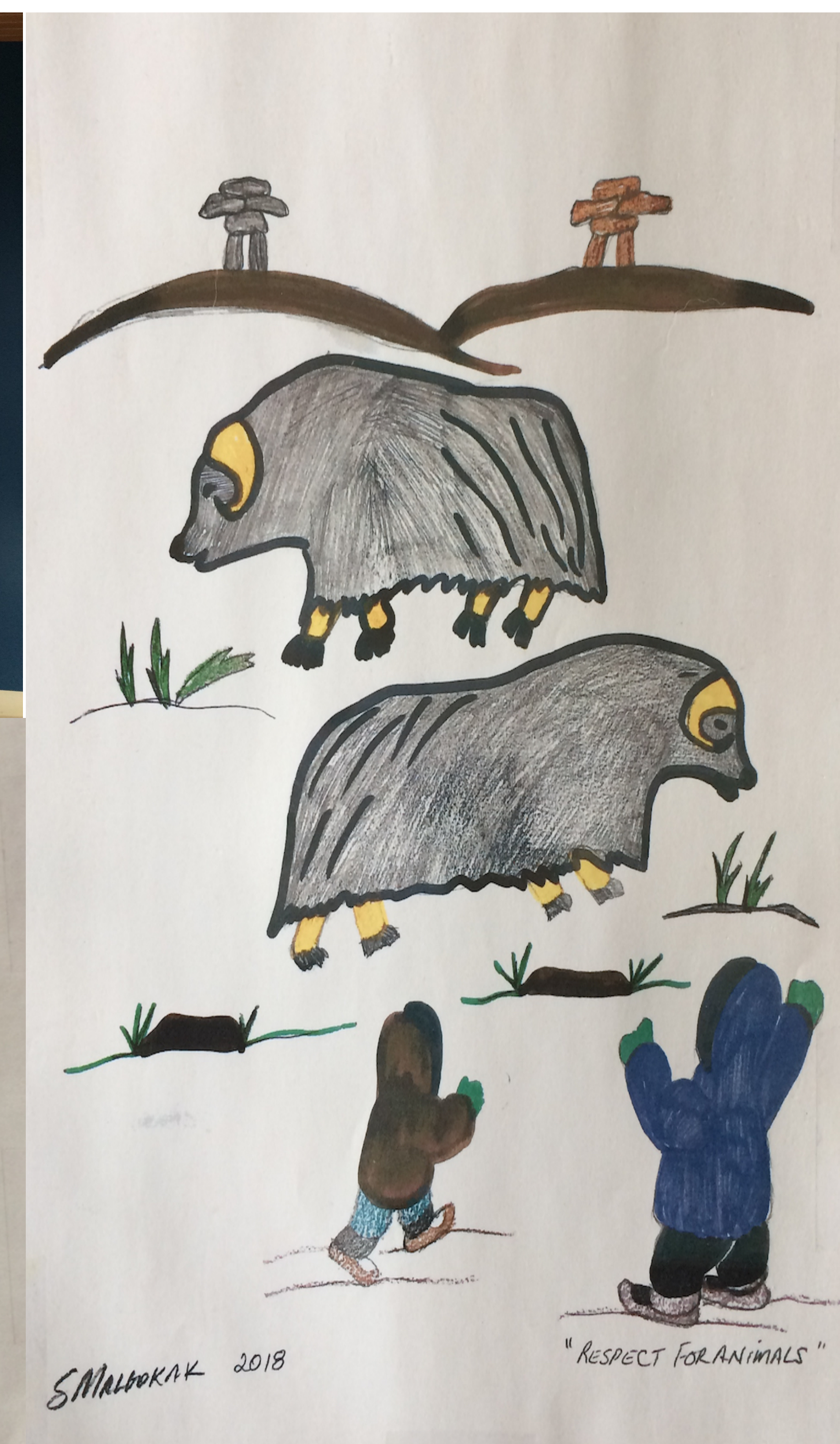


# Early Identification



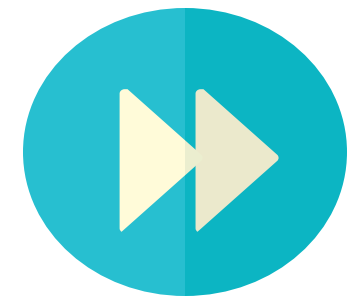
The community team found it crucial to improve general mental health literacy and to identify young people with mental health concerns as early as possible. The ACCESS OM Youth Workers (AYWs) teamed up with schools and other agencies to discuss issues related to mental health and substance abuse. A collaboration with the RCMP even resulted in information sessions, online resources, and telephone helplines. The school administration also often shares concerns regarding students with the AYWs.

The AYWs plan engagement activities that bring youth together and allow them to learn about their cultural practices. This gives the AYWs an opportunity to connect with the youth in a way that an outsider to the community would not have been able to.





# Rapid Access



While the ACCESS Open Minds model outlines that youth should have an initial evaluation within 72 hours, this objective was modified for Ulukhaktok since AYWs do not provide mental health assessments themselves. Because of the small size of the community, youth can often speak to someone rather quickly, but specialized mental health interventions (such as addictions treatment or psychiatric care) require leaving the community. This may take much longer and may not be adequate or appropriate. AYWs help identify and navigate these pathways to care and are being trained to provide care once youth return to the community.



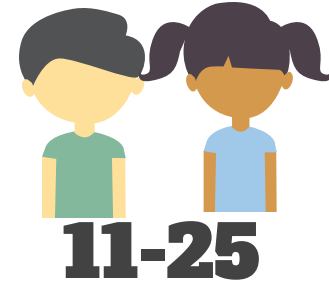
# Appropriate Care

Appropriate care means many things to the ACCESS Open Minds Ulukhaktok team, including interventions that are aligned with the cultural context of the community. AYWs provide general mental health support, including land-based and culturally appropriate programming. Treatment for more severe disorders like psychosis, suicidal crisis and severe addiction is currently not available locally. The use of technology to facilitate access to care is being explored.





# Continuous Care

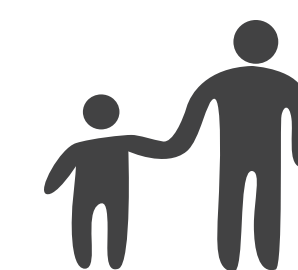


In Ulukhaktok, like in many other Indigenous communities, there is no real division between youth under 18 and those over 18. This is more of a challenge when youth require psychiatric care outside of the community in non-indigenous settings. By building relationships with the mental healthcare system outside of the community, the AYW's hope to better support young people (and their families) who have left the community and to better manage the transition when they return.



Engaging family members and carers has been challenging despite the attempts to share information with them. Community members have described a generational divide between youth and Elders, but also a desire for more intergenerational activities. Youth still seem hesitant to share their mental health concerns with their own families. The AYW's have started hosting weekly "family nights" and other activities such as support groups for parents so that they can engage in more discussions about mental health.

# Youth and Family Engagement





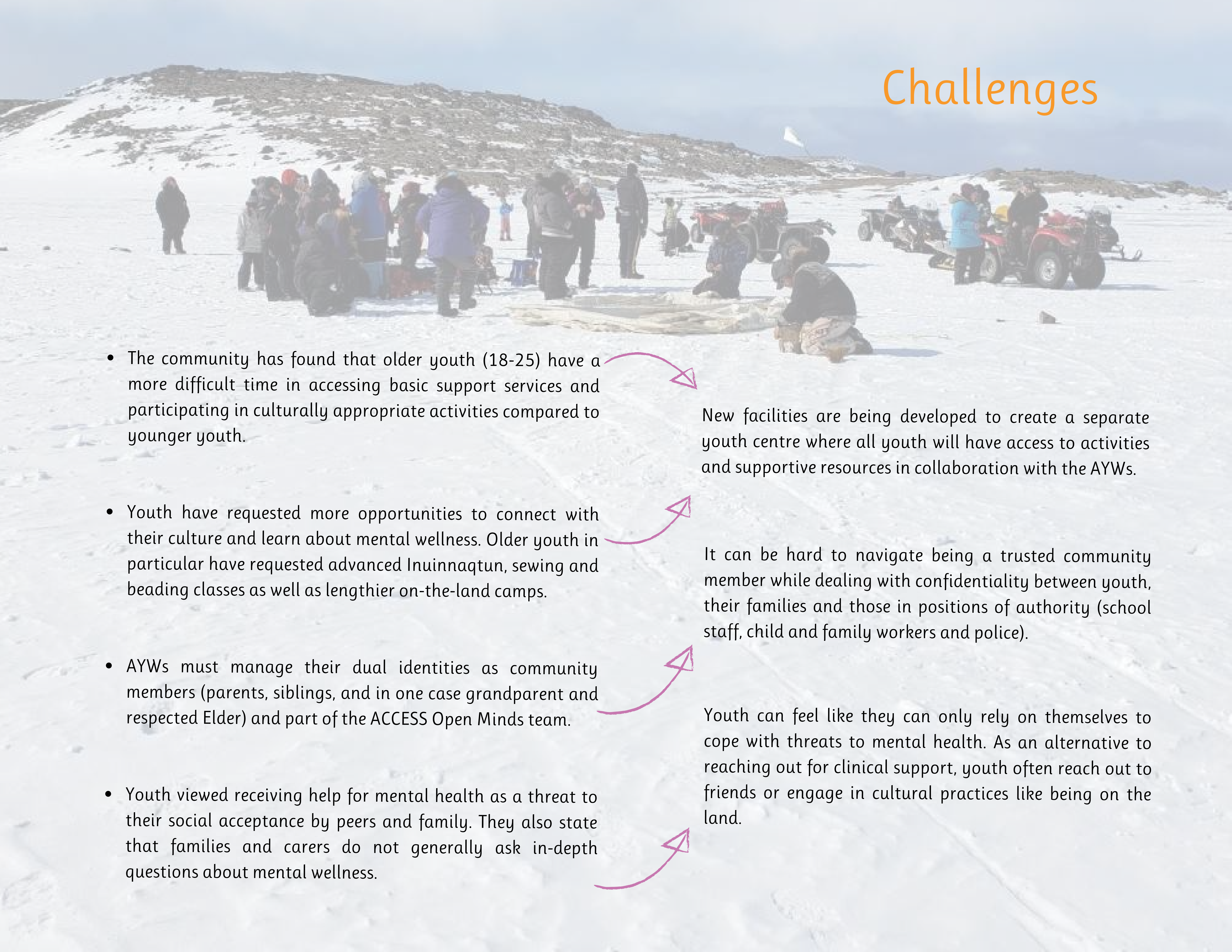
## Research and Evaluation

As part of the larger ACCESS Open Minds Project an evaluation of the service transformation is generally conducted. It soon became clear though that the standard measures used at the other ACCESS Open Minds sites would not be applicable to this small Inuvialuit community of less than 400 people. This was due in part to the small number of youth expected to meet criteria for a mental disorder and to the lack of tradition of recording written responses. The ACCESS Open Minds team and the community decided that the best way to evaluate the project's evolution would be through storytelling and via interviews.





# Challenges



- The community has found that older youth (18-25) have a more difficult time in accessing basic support services and participating in culturally appropriate activities compared to younger youth.

New facilities are being developed to create a separate youth centre where all youth will have access to activities and supportive resources in collaboration with the AYWs.

- Youth have requested more opportunities to connect with their culture and learn about mental wellness. Older youth in particular have requested advanced Inuinnaqtun, sewing and beading classes as well as lengthier on-the-land camps.

It can be hard to navigate being a trusted community member while dealing with confidentiality between youth, their families and those in positions of authority (school staff, child and family workers and police).

- AYWs must manage their dual identities as community members (parents, siblings, and in one case grandparent and respected Elder) and part of the ACCESS Open Minds team.

Youth can feel like they can only rely on themselves to cope with threats to mental health. As an alternative to reaching out for clinical support, youth often reach out to friends or engage in cultural practices like being on the land.

- Youth viewed receiving help for mental health as a threat to their social acceptance by peers and family. They also state that families and carers do not generally ask in-depth questions about mental wellness.







