



Learnings from the ACCESS Open Minds project in Ulukhaktok

Implementation Guide for Integrated Youth Services as a Complement to Existing Services

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INTRODUCTION

While support services are available throughout communities in the Inuvialuit Settlement Region (ISR), they are often staffed by non-local, short-term employees. There is significant utility in having community-based health support workers; because of their unique position as community member and support worker, they are able to provide meaningful and appropriate care to community members.

Ulukhaktok is a remote, Indigenous community in the ISR, accessible only by air. This document outlines how a community-based health support role was implemented in Ulukhaktok through a pan-Canadian youth mental health research and evaluation initiative, ACCESS Open Minds, and details how this type of community-based health worker could be implemented in other communities and contexts.



Context

Youth under the age of 25 make up 35% of the population of the Northwest Territories.¹ Investing in the health and wellness of youth is essential, and it was determined that a youth mental health initiative would be of great benefit to the residents of Ulukhaktok. Starting in 2015, community representatives from Ulukhaktok began planning to participate in ACCESS Open Minds, with the goal of better meeting the mental health needs of the community's youth.

The local ACCESS Open Minds Ulukhaktok project was launched in September 2016, in partnership with the Inuvialuit Regional Corporation. Since then, the community's team has continued to employ local ACCESS Youth Workers in supporting young people and their families in wellness initiatives, and promoting mental health and wellness in the community through individual intervention and group activities. Importantly, these workers have also acted as liaison and complement to the existing health and wellness services in the community.²

¹[Census Profile, 2016 \(Northwest Territories\)](#)

²Read Etter et al. (2019) for a complete description of the ACCESS Open Minds implementation in Ulukhaktok.

Existing services

The geographically remote location of most communities in the Inuvialuit Settlement Region (where many communities are only accessible by air) means that people often must leave the community should they require additional, specialized mental health care. This can mean flying to Inuvik (regional hub), Yellowknife (territorial capital), and sometimes Edmonton (in another province), should an individual require psychiatric services.

The intention of implementing integrated services in a community is to act as a complement to the existing services. In Ulukhaktok, these existing services included:



Nursing staff
(generally non-Indigenous, on rotation flown in from the south)



General health services
(e.g., fly-in physician on rotational basis)



Social services
(e.g., counsellor, social worker; also generally from outside the community)



School staff
(generally non-Indigenous, high turnover)



RCMP
(generally non-Indigenous)

Certain positions are generally held by community members:



Community Health Representative



Home Support Worker



Student and Family Support Worker



Childcare Worker

Community wellness worker as a liaison between existing services

The position of a community wellness worker (similar to the ACCESS Youth Worker position) is meant to act as a link between community members and the services available. This worker is generally someone from the community who knows the language and culture, and who is connected to the needs of their fellow community members – but also who has direct connections to the services available, and is offered targeted training to increase their capacity to confidently support people with mental health needs until specialized services are available. Importantly, this health worker addresses the gap of knowledge that exists too often, which is simply described as outside staff not having well-versed knowledge of the people and the community. This is an essential component in providing a fully engaging and culturally appropriate service to an Indigenous community and its population.

ABOUT ACCESS OPEN MINDS

Launched in 2015 under the Canadian Institutes of Health Research (CIHR)'s Strategy for Patient-Oriented Research (SPOR), and co-funded by the Graham Boeckh Foundation, ACCESS Open Minds is a pan-Canadian youth mental health network. Implemented at more than a dozen sites in communities across the country, the goal of the project was to unite youth, families/carers, service providers, decision makers, and researchers in leading innovative research and service delivery around youth mental health care across Canada. It is the first time that a model of its kind has been implemented in such wide-ranging settings and contexts. Its flexibility has enabled communities that have very different lived realities – such as the northern, remote, Indigenous communities of Ulukhaktok – to adapt the framework to the needs of the community and its members.

The project's framework was based around these principle objectives (see Figure 1): Early Intervention, Rapid Access to care when needed; Appropriate Care; Continuity of Care (specifically, eliminating care transitions at the age of 18), and Youth and Family Engagement – along with the Continued Evaluation of the framework throughout the project.

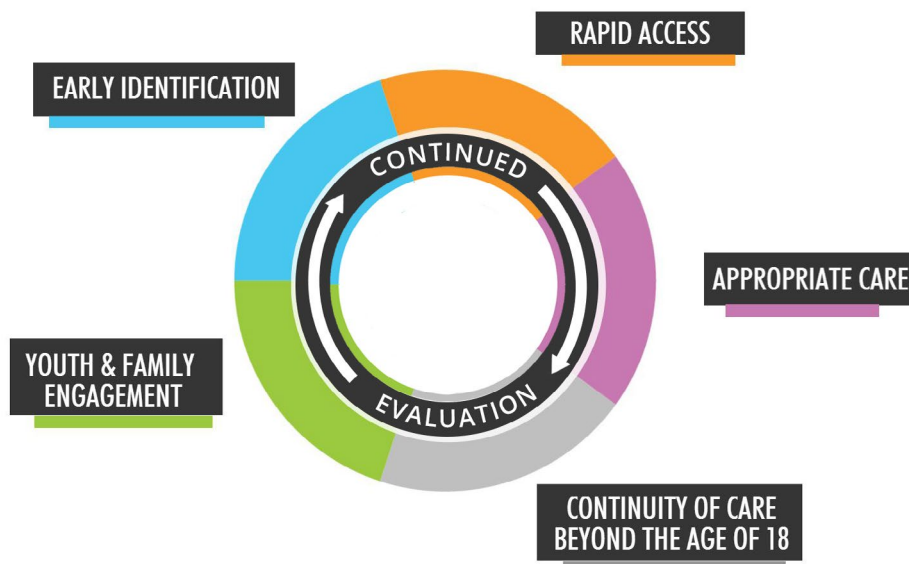


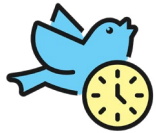
Figure 1. The ACCESS Open Minds Service Framework

Because of the vast diversity of people and communities across Canada, the flexible framework of the ACCESS Open Minds project meant that it was implemented differently in each community, and each site team was able to adapt the project's model to fit the needs of their youth, workers, and community. The ACCESS Open Minds Ulukhaktok project was led by a local site team and tailored specifically to the needs of the community.

PROJECT IMPLEMENTATION IN ULUKHAKTOK

The ACCESS Open Minds Ulukhaktok team was established to support the mental health and wellness of youth in the community by adapting the ACCESS Open Minds model to the needs of the community. The flexible design of the ACCESS Open Minds model enabled the Ulukhaktok team to adapt the principles and objectives of the overarching project to make sense within the context of Ulukhaktok.

These Ulukhaktok-specific adaptations of the ACCESS Open Minds project included the following:



Early Identification

Increasing awareness of mental health problems and of ACCESS Open Minds services, with the goal of reaching more youth in need, earlier.

- One of the most important objectives, since it aimed to make youth in the community feel comfortable with the workers (which could then support future/possible service requests, if necessary)
- Accomplished through engaging participants in activities that were recreational – and specifically non-clinical – in nature
- ACCESS Youth Workers planned, participated in, and led youth-centred activities
- Engaged in activities and events that supported/promoted youth wellness in the community
- Regularly met with groups of youth in the community to familiarize themselves with community members in an act of “early identification” (should youth need support, they would have already had an established supportive connection with the Youth Workers)

Activities themselves often geared around wellness, connections to culture and the land, and/or learning traditional skills. Some examples of activities in Ulukhaktok include:



Participating in special events
(e.g., Ocean's Day, Return of the Sun)



Beading and sewing for youth and Elders



Drum dance groups



Arctic Sports games



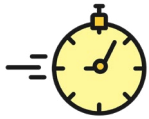
Youth-Elder gatherings



On-the-land activities
(including hunting, berry picking, learning survival skills, etc.)



Community/youth mental health and wellness education programming



Rapid Access

Offering youth an assessment within 72 hours of seeking help, for any type of mental health problem, without needing a formal referral.

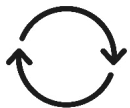
- ACCESS Youth Workers were present in the community, contactable by various methods (telephone, in person, at school, on Facebook), and youth seeking support would not need to look far to access the workers
- The ACCESS Open Minds Ulukhaktok team was supervised by the Counselling Services Manager of the Health & Wellness Division (IRC), which supported a link between the local site team and additional regional support/therapeutic services should they become necessary



Appropriate Care

Youth receive services that meet their needs and preferences, within 30 days.

- In this context, “appropriate care” has more than one meaning: the care provided meets the clinical needs of the presenting person, AND the care provided meets these needs in a culturally appropriate way, and in a way that is meaningful and engaging to the person receiving care.
- The Ulukhaktok team provided care that supported youth wellness in an Inuvialuit-specific context. This included on-the-land programming, connections with Elders, teaching/practicing traditional skills (e.g., hunting, crafts, drum dancing, etc.). These programs were provided and adapted to meet the needs of community members based on feedback and input from community members.



Continuity of Care

Services are integrated for youth aged 11 to 25, and any transitions in service provision is solely based on youth's needs.

- This objective was easy to meet in Ulukhaktok; rarely is someone denied access to an activity or service based on chronological age, especially with mental health services
- ACCESS Youth Workers were present and able to support youth who might have had to navigate mental health/psychiatric services outside of the community/down south, where age mandates can present as more of an obstacle to receiving care



Youth and Family Engagement

Youth and their family members/carers are involved in all aspects of the research project and service delivery. They are treated as experts in their own experience.

- An ongoing effort by the ACCESS Youth Workers and the site team to engage in all members of the community, and open up space to have conversations around the topic of mental health, which is often a much-stigmatized topic in certain contexts/age groups of community members
- Inviting all community members (youth, parents, Elders) to participate in the project's activities

It is important to note that throughout the project, these community workers were given the label "ACCESS Youth Workers," since the ACCESS Open Minds project's focus was youth aged 11-25. However, the Ulukhaktok team works from a holistic, family-centered approach based on Inuvialuit values, and includes families and community members in all programs. Therefore, while the term "youth" was central to this particular position, these workers serviced people of all ages.



Continued Evaluation

Throughout the course of the project, aspects of the transformation are evaluated using standardized tools and iterative assessments at both the individual- and site-level.

- Due to population size and considerations made by the local site team, it was decided that the ACCESS Youth Workers in Ulukhaktok would evaluate the project using methods appropriate to the needs of the community and workers. Project evaluation was possible because of this flexible evaluation framework.
- Data collection included a tracking/evaluation component that was comparable to the evaluation protocol being used at sites across the ACCESS Open Minds network:
 - » An Ulukhaktok-specific tool (see Appendix B: Program Registration Form) was created to track involvement in the program's activities
 - » Support from research personnel** (on-site as well as remotely through the network) to collect qualitative and quantitative data that would contribute to the network's findings, and a better understanding of the efficacy and success of ACCESS Open Minds in Ulukhaktok
- Next steps for the site team
 - » Evaluate participant satisfaction with the program, outcomes, etc.
 - » Build capacity in data collection by making the collection of evaluation data more commonplace within existing programs

****A note on support from research personnel:** The Ulukhaktok site team invited a student researcher (non-Indigenous nursing student who was mid-degree) for a summer internship. This individual supported the ACCESS Youth Workers in a few ways, including:

- Conducting qualitative interviews with selected consenting youth from the community;
- Assisting the site team in tracking quantitative information on the engagement activities taking place
- Collaborated with both site and regional researchers in updating Community Mapping strategies

This brief internship was mutually beneficial: the student was able to support the site team in gaining research capacity and supplementing the site's need to collect some quantitative and qualitative data regarding project participation. Meanwhile, the site team and project participants were able to impart knowledge about wellness initiatives from an Inuvialuit perspective, all the while ensuring that the process was community-led and was experienced as appropriate and culturally relevant. An important quality of this collaboration was the approach of humility and curiousness of the student, as compared to some negative past experiences of external researchers, which were experienced as non-collaborative in nature.

OTHER COMPONENTS OF PROJECT INTEGRATION



Community Mapping

Prior to the implementation of such a project, a thorough and inclusive process of Community Mapping helped to facilitate the conversations necessary to ensure that the specific needs of the concerned community members are met, all the while making full use of the existing supports in place. See the ACCESS Open Minds' Community Mapping Guide (available for free download online at accessopenminds.ca/resources) for more information.

Through the IRC, the community of Ulukhaktok also participated in a secondary Community Mapping process after the initial implementation of the project, which supported the site team in updating their understanding of what was needed, specifically for youth, as well as engage community members in a conversation about what is available/what is needed. As a result of the community mapping, we were also able to provide a description of the programs/services available as well as contact information for community members to access.



Role of the Community Wellness Workers

As described above, these workers are central to the success of any integrated service plan. These workers act as a liaison, or a connection, between the community member who needs a service, and with the service providers offered in the community. Not only can they connect community members to services, but, perhaps just as important, they also can bring the service providers into the community, to increase the service providers understanding of the climate and culture they are working within.

In many of the existing service provision scenarios, there are cultural and linguistic barriers between community members receiving services and many of the individuals providing those services (e.g., across disciplines, in health, education, policing, etc.). The role of a community worker can be vital to making connections to appropriate care, and supporting them through receiving these services. Someone from the community has the historical context of a person's needs while also having established connections with the supporting services providing care (i.e., nursing staff, additional mental health resources if necessary) that might go beyond the capacity of the Youth Workers. Having both the community wellness worker and the outside clinical staff is an important dynamic for community members to have a choice in the service they need. While a community health worker is knowledgeable and connected to the community, integrating clinical services for community members, that very connection can also potentially raise concerns of confidentiality and anonymity, whereas a professional from the south might not. See Appendix A for a sample job description of this sort of community worker in Ulukhaktok.

Elders are crucial and respected members of the community of Ulukhaktok, as they are across all Indigenous cultures. Their guidance in this project was essential. The Ulukhaktok team wanted to couple this need and desire for Elder support and guidance with a need to ensure that the project had a close connection with the community's youth. This led to the decision of hiring an Elder and a youth who would work together to lead the ACCESS Open Minds project in Ulukhaktok. Due to varying education and experience levels, ACCESS Open Minds supported capacity building of the ACCESS Youth Workers through targeted training. These training sessions have included Mental Health First Aid (MHFA) – Inuit, Applied Suicide Intervention Skills Training (ASIST), and safeTALK (suicide prevention workshop), among others.



Safe Space and Drop-in Wellness Centre

One aspect of the ACCESS Open Minds implementation in Ulukhaktok was establishing a physical space in the community that could be used to host activities, and act as a central meeting space for the site team and participating youth. There are certain elements that are important to the establishment of such a space:

- Centrally-located gathering space
- Non-clinical in nature – focus on wellness
- Welcoming; community members feel comfortable going there
- Culturally relevant to community members

Through the funding received from ACCESS Open Minds (jointly funding by the CIHR and the Graham Boeckh Foundation), the Ulukhaktok site team was able to carry out major renovations on the community's old curling rink. Plans were made in collaboration with the site team and participating community members, and the space was renovated to act as the central gathering space for the ACCESS Open Minds Ulukhaktok project. Importantly, it is a space that is available to the community's youth without a fee, and it is dedicated to wellness activities unlike other community spaces that might be used for other competing priorities (e.g., meetings, court, school activities, etc.) It provides a dedicated space for the program's participants, serving as a common space for other wellness activities, and/or activities to serve the community's youth as well.



eMental Health Supports and Telehealth



While telehealth in Ulukhaktok pre-existed the ACCESS Open Minds project, there are some improvements that could increase access to youth seeking remote psychiatric care. For one, the equipment is located at the Health Center, which (as outlined previously) is not necessarily a space where the community's youth feel comfortable attending for mental health support. As access to technology and Internet connection varies by youth, by household, and by community, it is included here as a consideration when planning to build/renovate a dedicated Wellness Space. In Ulukhaktok this service is not currently available at the Youth Space. The ACCESS Open Minds e-Mental Health guide (MacNeil, Iyer, & Lal, 2018; available for download on the project's website under "Resources") offers a more thorough overview of considerations for distance support.

LESSONS LEARNED

As outlined above, the ACCESS Open Minds initiative in Ulukhaktok managed to support wellness programming for community members in a variety of ways, which was a welcome addition to the community. As explored below, this type of framework can produce important and lasting results in improving mental wellness (among youth, and by extension throughout the community). In addition to all the aspects discussed above, the following are components of project implementation that could improve how such a roll-out might be undertaken in other contexts in the future.

Certain aspects of the implementation could be improved by integrating the following:



Support an increase in capacity for **research and evaluation**



Improving telehealth options/moving telehealth into the dedicated Wellness Space (youth space)

IMPACTS OF ACCESS OPEN MINDS

Though the final results of the initial ACCESS Open Minds evaluation are not yet available, preliminary results show that using this framework to deliver youth mental health services both provides valuable and effective care to youth in need, and is economical. (It should be noted that these results are taken from the data used across all ACCESS Open Minds sites, not just Ulukhaktok):

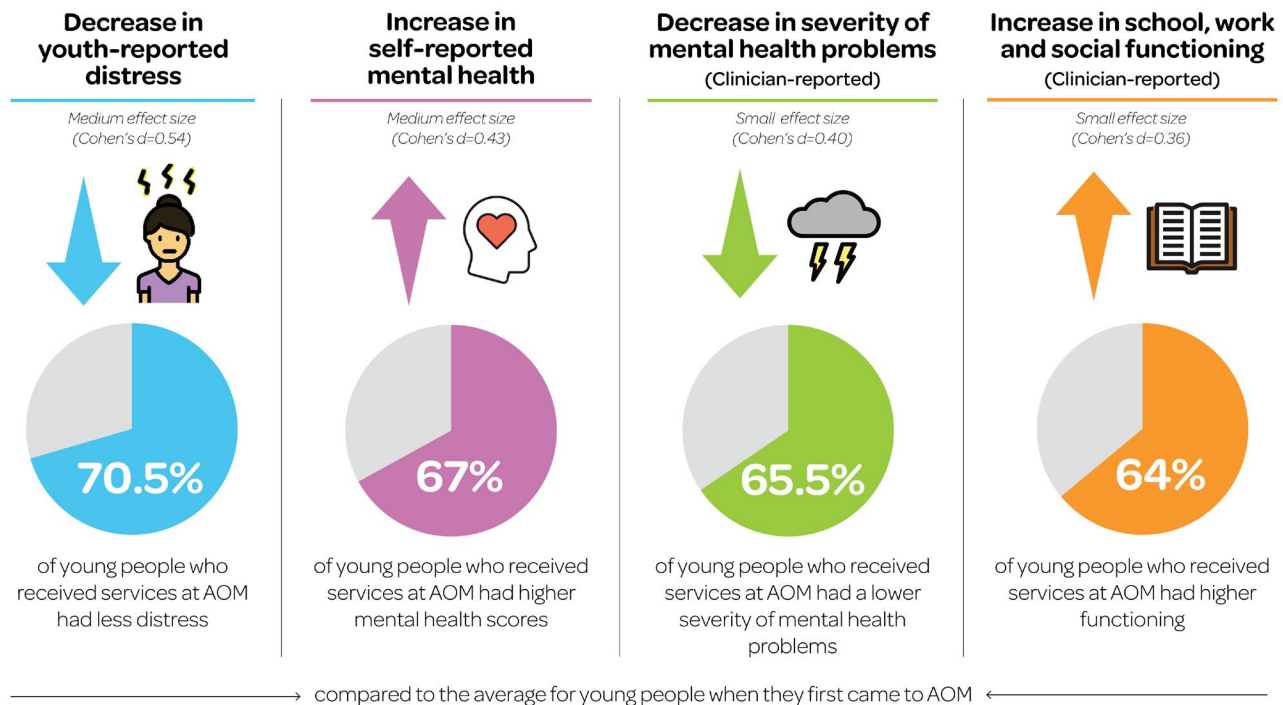


Figure 2. Statistically significant positive youth outcomes from ACCESS Open Minds services

The high satisfaction rates reported by youth receiving services at ACCESS Open Minds sites are encouraging as well, and point to it being a good long-term solution for meeting youth needs into the future.

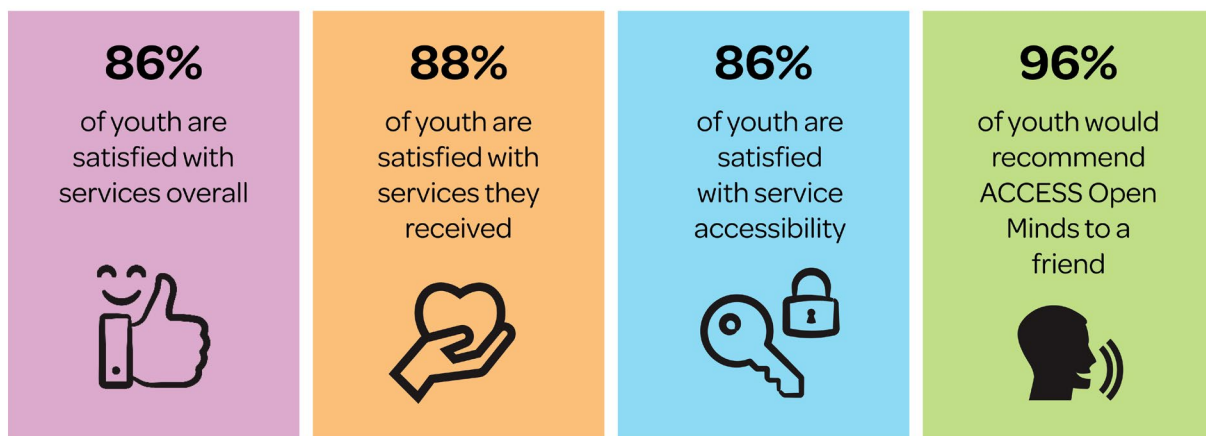


Figure 3. High satisfaction rates reported by youth receiving services at ACCESS Open Minds

As a pan-Canadian network, ACCESS Open Minds worked to bring together diverse communities and site teams, and connected service providers, youth and families, and researchers from coast to coast to coast in learning from each other about best practices in youth mental health care. Participation in this learning network enabled:

- Sharing of ideas across sites
- Support (from the central project hub, and from other sites) in implementing the ACCESS Open Minds program
- Connection between different Indigenous communities (6 of the 16 sites)

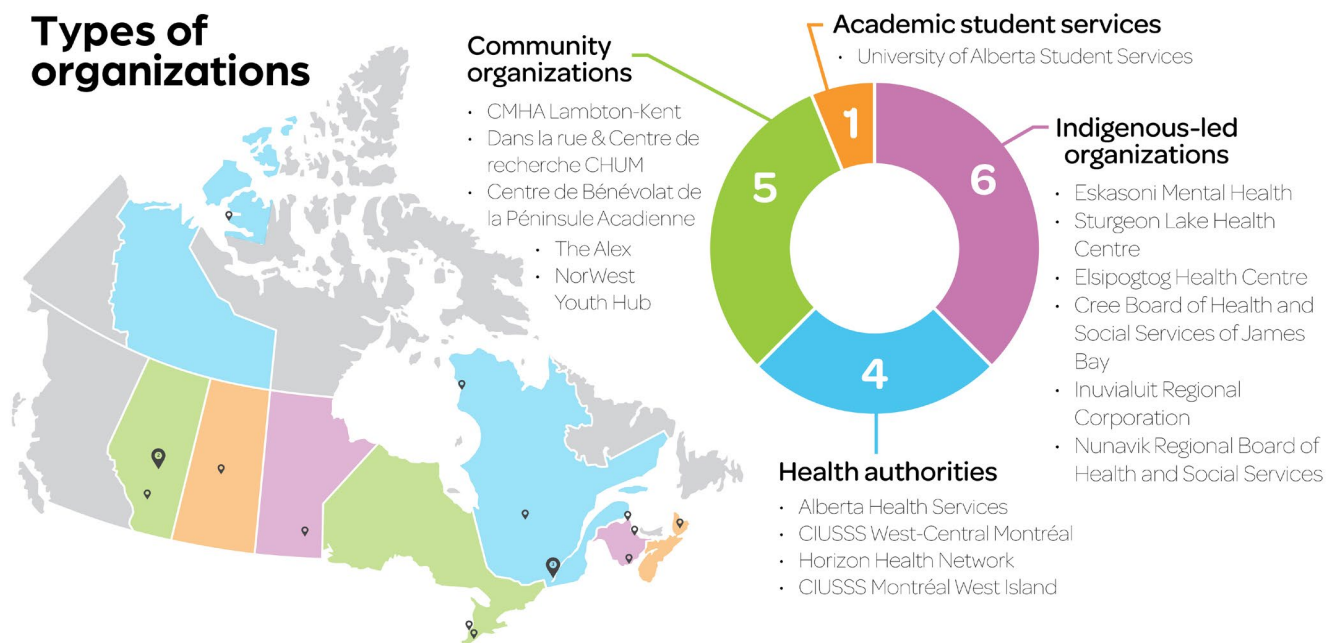


Figure 4. Members of the pan-Canadian ACCESS Open Minds network

A special and very beneficial aspect of the Ulukhaktok site team's participation in the network was connecting with other site teams and learning from them. For instance, the northern-most Ulukhaktok site team travelled to the other side of Canada to visit the eastern-most team in Eskasoni First Nation. The ACCESS Open Minds team in Eskasoni provided a tour of their facilities, a breakdown of all the different services they provided, and some feedback on lessons learned in the delivery of programs. This trip enabled the Ulukhaktok site team to think creatively and take some proven successful program ideas to their home community. Eskasoni staff were also instrumental in providing some capacity training in evaluation and research skills to the Ulukhaktok team.

The centrality of a network is helpful in that network members can lean on each other for support and ideas, and as a platform to highlight results on a larger scale (in the context of ACCESS Open Minds). Being part of a network means that no individual site had to stand on their own and figure out how exactly to make this project work – but as each site is individual in its needs and circumstances, the project enabled sites to draw their own conclusions and drive implementation at the site level.

Having a central office act as project coordination was also very beneficial to the implementation of this project. Some of the benefits include:

- Being held to account by an external body of people: the ACCESS Open Minds central office helped to keep the site team “organized” (e.g., reminders of deadlines, support in completing some administrative tasks, etc.)
- Providing capacity where it might have been lacking at a particular site (e.g., helping the Ulukhaktok site team in implementing the research/evaluation component of the project)
- The flexible framework of the overarching project still enabled the local site teams to dictate overall direction – sites were always in charge of local implementation, and the central office worked to keep everyone connected, informed of learnings from other sites, and organized/on task

Networks do not stay active on their own; structures need to be in place to support their growth and maintenance. Future wellness initiatives would learn from this pan-Canadian network in how it was able to support change in such diverse communities while still ensuring that community perspectives were the leading voice in all change.



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APPENDIX A: Sample Job Description for Community Wellness Worker

POSITION OBJECTIVE

The Community Wellness Worker will be a caring resource who links community members who have mental health issues, their families and other community members to mental health service providers (e.g. the community counselor, social worker, nurse, visiting psychologist/psychiatrist) and other resources in the community who work toward wellness (e.g. Student and Family Support Workers, Elders, Teachers, recreation workers, RCMP officers, etc.).

The incumbent's role is to:

- Educate community members about mental health issues to reduce stigma;
- Encourage individuals in need of services to seek help from professional service providers and other resources;
- Encourage interagency within community and be an active participant in keeping it vibrant;
- Work collaboratively with service providers and other community members;
- Help the community's youth and families to improve the system of mental health care locally;
- Build on local, personal, and cultural values, beliefs and strengths to promote services based on hope, resilience, empowerment and respect.

KEY RESPONSIBILITIES

- Provide information about the signs and symptoms of mental health problems to promote early help seeking by youth and their families/caregivers.
- Be easily accessible (by phone, email/online or in person) as an initial contact person for youth with mental health concerns, as well as for family members, friends, teachers, etc. of such youth.
- Engage families and caregivers as much as possible.
- Ask community members what services they would like to receive and make decisions together so they feel valued as decision-makers.
- Help individuals access initial and follow-up appointments, if needed.
- Work closely with care providers in the community to ensure smooth connections to resources and services so that youth can get appropriate care promptly.
- Stay in contact with individuals youth until they are fully engaged in the mental health care system, including informal monitoring to respond quickly to a person's mental health situation if it gets worse before they receive help.
- Use resources including local services providers, helplines, online, and other community resources to assist community members and their families/caregivers.
- Build partnerships with resource people in the community to encourage early referrals.
- Take part in trainings and online support groups offered.

KNOWLEDGE, SKILLS AND ABILITIES

- 2-3 years of client-service experience, preferably experience working with individuals and/or families and knowledge of local community resources and cultural practices.
- Knowledge of Mental Health First Aid and/or ASIST (Applied Suicide Intervention Skills Training) is considered an asset.
- Willing to work in the community (e.g. youth centre, school, health centre, etc.) and occasionally outside of normal work hours (e.g. during wellness events, at an evening or weekend community event)
- Experience with Microsoft office (Outlook and Word)
- Ability to listen actively, build trusting relationships with youth and their family members.
- Ability to work with a team, but will take initiative and work independently when needed.
- Ability to respond well with crisis situations.
- Demonstrated capacity to maintain confidentiality

APPENDIX B: Program Registration Form used in Ulukhaktok



Program Registration Form

Program:			
Dates:			
Location:			
Name:			
Telephone/Email:			
Gender:		Age:	
Background:	<input type="checkbox"/> Inuvialuit <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous		
Reason for coming:			

This program is funded in part by the Inuvialuit Regional Corporation (IRC). The IRC and community partners are collecting basic information about our programs. This will help us plan future programs and report to our funders. All information will be kept confidential.

By signing here, I consent to the Inuvialuit Regional Corporation and its community partner keeping basic information about my participation in this program.

Signature of participant

Date

Staff comments:	
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