



Mental wellness is defined as “self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental, spiritual wellness and cultural identity.”

— *Inuit-specific Mental Wellness Framework, 2001*

Alianait Inuit Mental Wellness **ACTION PLAN**

Prepared by Alianait Inuit-specific Mental Wellness Task Group

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Resources

Inuit Health Policy Forum Summary Report, 2000
Inuit Specific Mental Wellness Framework, 2002
Inuit Specific Section on the Blueprint on Aboriginal Health, 2002
Alcohol-related Position Statements – ITK Board of Directors, 2002
National Inuit Youth Suicide Prevention Framework, 2004



EXECUTIVE SUMMARY

Alianait was formed to develop an Inuit Mental Wellness Plan to support the First Nation and Inuit Mental Wellness Advisory Committee's (MWAC) "Strategic Action Plan for First Nations and Inuit Mental Wellness." The committee is comprised of representatives from Inuit Tapiriit Kanatami (ITK), First Nations and Inuit Health Branch (FNIHB) of Health Canada, the land claims organizations, national Inuit organizations and the provincial governments that have Inuit populations.

Alianait was mandated to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances. While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners.

Between November 28-29, 2005 and March 29-30, 2007, Alianait met five times to develop the Inuit Mental Wellness Plan. Alianait identified five priority goals:

1. To ensure a continuum of culturally relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.
2. To recognize and strengthen community roles and connections.

3. To increase community resources for the mental wellness continuum.
4. To ensure Inuit-specific data, research, information, knowledge and training is available.
5. To enable implementation through strong partnerships.

Alianait has worked closely with MWAC to develop the overall plan. While the two plans build upon each other, there are some clear distinctions:

The Alianait plan includes (but MWAC does not):

- The role of food security
- Urban Inuit
- Reference to the roles of the Inuit regional organizations in the strategies section

The MWAC plan includes (but Alianait does not):

- Objectives related to privacy and confidentiality issues
- Legislative changes

Both plans include evaluation, MWAC in their values, Alianait as an activity. Both plans recognize the role of the community and of youth, however only Alianait has specific roles for elders.

A. INTRODUCTION

Inuit, through their national organization, Inuit Tapiriit Kanatami (ITK), have identified mental wellness as the number one Inuit health priority.

“Mental wellness” is an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions.

The Alianait Task Group (Appendix A) developed an Inuit-specific Mental Wellness Action Plan by:

1. Bringing together key organizations working on Inuit mental wellness to facilitate collaboration and information sharing.
2. Providing Inuit-specific recommendations for the development and implementation of a strategic/ action plan. (including a vision, strategic priorities, and actions)
3. Providing strategic advice regarding on-going mental wellness program development and assessing evaluation results to identify what is working.

The work of Alianait went into the development of a First Nations and Inuit Mental Wellness Plan, led by the Mental Wellness Advisory Committee (MWAC). MWAC was created in early 2005 by the First Nations and Inuit Health Branch (FNIHB) in response to the stated priorities of Inuit and First Nations. With FNIHB, the Inuit Tapiriit Kanatami (ITK) and the Assembly of First Nations worked as partners in the MWAC process. MWAC is also composed of key stakeholders and expert organizations that provide strategic advice to the Community Programs Division of the First Nations and Inuit Health Branch on issues related to mental



wellness (including mental health and addictions).

There are a number of key organizations involved in mental wellness, including:

- Federal/Provincial/Territorial governments
- Non-Governmental Organizations (NGO's), such as the Aboriginal Healing Foundation (AHF); the National Aboriginal Health Organization (NAHO)
- Inuit Regional and National representative organizations (Note: the Nunatsiavut Inuit are represented by the Nunatsiavut government)
- Community organizations

Alianait has worked to include all stakeholders in the development of the action plan. (see Appendix A for Alianait membership).

B. PRINCIPLES

The principles on which the Mental Wellness Action Plan was developed are:

- People come first, including family and community.
- The approach is Inuit specific, holistic and positive (Celebrate Life).
- Elders have an important role.
- The role of young people will be acknowledged and nurtured.
- Invest in “protective factors” (protective factors are abilities, skills and social supports that offer people the ability to cope with stress and spring back from crises and trauma).
- Support language and cultural capacity development.
- Communication, collaboration and coordination are key to creating a seamless continuum of programs and services.
- Build on what exists.
- Work in partnerships.

These principles are based on the *Principles of the Inuit Mental Wellness Framework* (2002). The full text is located in Appendix B as part of Alianait’s Terms of Reference.



C. CONTEXT FOR THE INUIT MENTAL WELLNESS PLAN

The current context for developing an Inuit Mental Wellness Plan has many specific elements that are all inter-connected.

1. Mental Wellness programs for Inuit will be Inuit-specific and start with the people first, including family and community.
 - Elders have an important role.
 - Acknowledge and nurture the role of young people.
2. The current delivery of programs to Inuit takes place across four regions and in six to seven urban centers (e.g. Ottawa). Programs are delivered by a range of national, regional and community organizations and by different levels of government.
3. Each region has a number of key organizations involved in mental wellness, including:
 - Elders have an important role.
 - Acknowledge and nurture the role of young people.
4. Mental Wellness programs for the Inuit will be Inuit-specific and start with the people first, including family and community.
 - Federal government departments (e.g. FNIHB – Health Canada, Justice, Corrections)
 - NGO's (e.g. Aboriginal Healing Foundation)
 - Provincial/Territorial governments
 - Inuit organizations (Regional and National level)
 - Community organizations
5. The four Inuit regions are at different stages of implementation of their Land Claims Agreements which directly affects their capacity for participation in program development, design and delivery around the issue of mental wellness.
6. Regardless of Land Claim Agreements, the Federal government has a continuing role to support mental wellness programs (funds, delivery, and policy development).

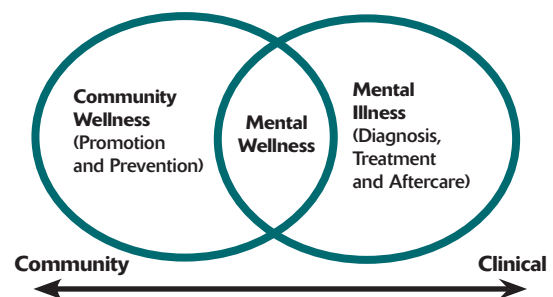
7. Communication, co-ordination and collaboration are essential to facilitate delivery of mental wellness programs because of the complexity of the continuum of services and the different partners working in the area. The different languages and dialects have to be factored into all communication.
8. There is a continuum of services in the area of mental wellness that is currently broken down into specific categories:



Prevention – Intervention – Treatment – After Care

In every region there are a number of gaps in the continuum of service, including the absence of critical programs, facilities (e.g. treatment facilities) and the lack of a coherent approach.

9. Mental wellness, as a concept, is in a developing stage as a coherent framework that can ultimately integrate many current programs into one integrated framework. Current programs are often divided between community and clinical programs and between subject matter (etc. suicide prevention, addiction, mental illness).



10. The goal of an effective mental wellness health system is to “restore the mental wellness and general wellbeing of Inuit through coherent, integrated programs and services in Inuit communities throughout Canada.” (*Inuit Specific Mental Wellness Framework*, 2001) As such, it

must have the ability to support any person in the community who enters any part of the system and offer them a mental wellness approach.

11. There are consistent funding issues in all regions:

- There are insufficient funds to support a comprehensive Mental Wellness continuum of programs.
- The current federal funds are focused on prevention. There is a need for funding for intervention and treatment as well.
- Time restricted programs are ineffective in improving Inuit mental wellness. The need often continues after the funding has expired.
- There is a need for investment in facilities and infrastructure.
- There is a need for Inuit specific funding for Inuit living outside the Regions.

12. Human Resource issues need to be addressed:

- Roles of the different workers on the continuum are not always clear.
- Recruitment is difficult (eg. insufficient housing is one barrier to hiring).
- Retention is a problem (average turnover is 2 years in many communities).
- More extensive training, including cultural training, is needed for workers.

13. The Positive Program Approach needs to be enhanced. This would require investment in:

- Language and cultural capacity;
- Programs that support people to live a cultural life, and
- Building “protective factors”, to ensure that people have the internal and external strength to deal with issues as they arise in their lives. An example is resilience, “the ability to keep, regain and build hope, emotional wellness, and positive ways of coping through times of difficulties in life.”¹

A **Positive Program Approach** focuses and builds on strengths, empowerment, preventative strategies and protective factors. Under PPA, constructive goals replace problem statements. The emphasis is on well-being.

13. The relationship between Inuit and Inuit Nunangat (lands) is a key factor in Inuit mental wellness. Eating country foods, spending time on the

land, is an important factor in establishing and maintaining a strong cultural identity. As documented by the Aboriginal Healing Foundation, cultural identity is an important component of mental wellness.

- 14.** The stigma of mental illness will be acknowledged and addressed in the strategy.
- 15.** There are limited resources to develop policy around Mental Wellness and key organizations need to work together in a coordinated manner.
- There are key roles for FNIHB and ITK that have a national perspective.
 - Inuit need to be distinct from “Aboriginal” and First Nations in policy development.
- 16.** Inuit have the right to mental wellness and to all rights under the International Agreements outlining human and Indigenous rights.



17. Co-ordination and liaison are an important part of implementing Mental Wellness strategies:

- ITK has a key and acknowledged role in ensuring the flow of communication between Inuit and the federal government and facilitating collaborations between Inuit Regional and National organizations.
- NAHO has a crucial role in making mental wellness information available to Inuit in an accessible way.
- The National Inuit Youth Council (NIYC) has a role in ensuring youth are included as active participants in national mental wellness strategies.
- Pauktuutit Inuit Women of Canada has a key role in developing and delivering resource materials, training and programs related to mental wellness, such as prevention of abuse and family violence, sexual health, early childhood development, FASD, justice and corrections for Inuit women.

¹ *Resilience: Overcoming Challenges and Moving on Positively*; Korhonen, for the National Aboriginal Health Organization’s Ajunnginiq Centre, 2007.

- Inuvialuit Regional Corporation (IRC) advocates for Inuvialuit, engages Inuvialuit communities, promotes Inuit-specific policy development, and offers the support and resources of a Wellness Coordinator to communities accessing federal funding. IRC has a role in working with other regional, territorial, and national organizations to identify, develop, and deliver programs that help Inuvialuit beneficiaries.
- Nunavut Tunngavik Incorporated (NTI) has a role in policy development, advocacy, and engagement of Nunavut communities. NTI works with its “3” Regional Inuit Associations to ensure Inuit specific involvement in the design, development and delivery of mental health and addiction services. The three Inuit associations (Qikiqtani; Kivalliq; and Kitikmeot) have various levels of responsibility for mental wellness promotion in their regions.
- Makivik Corporation recognizes the mandate of Nunavik Regional Board of Health and Social Services (NRBHSS) to represent Inuit on health and social issues in Nunavik. The Board has a role in ensuring and overseeing the delivery of mental wellness programs and services offered by the province and also in delivering some federal programs and services.
- The province of Québec’s role in mental wellness programming is carried out through both health centres in cooperation with NRBHSS.
- The Nunatsiavut Department of Health and Social Development develops health policy for the region, advocates for Inuit needs, ensures Inuit communities are engaged and has a role in mental wellness promotion, prevention, intervention, some treatment and after-care services, suicide prevention and addictions.
- The Governments of the Northwest Territories (GNWT) and Nunavut (GN) have a role in developing mental wellness policy and promotion/prevention programs in consultation with residents of the Territory. They also have a role in service delivery including delivering Health Canada’s Mental Wellness programs, sometimes through contribution agreements with Inuit organizations and other non-governmental organizations.
- The province of Newfoundland and Labrador currently provides provincial mental wellness services for Nunatsiavut residents through the Labrador-Grenfell Regional Integrated Health

Authority, which has a Mental Health and Addictions Services department that coordinates services at the regional and community levels.

- The First Nations and Inuit Health Branch (FNIHB):
 - FNIHB Headquarters has a role in developing policies and programs and in communicating information to Inuit via National Inuit organizations and its Regional Offices
 - The Northern Secretariat has a role in administering mental wellness promotion programs through contribution agreements with the Governments of NWT and NU and Inuit organizations and communities, on behalf of Health Canada’s FNIHB and Healthy Environments and Consumer Safety Branch, as well as the Public Health Agency of Canada.
 - The Atlantic Region has a role in administering policies and contribution agreements with the provinces and Inuit governments and organizations, for the delivery of programs and services.
 - The Quebec Regions role is limited to Nunavik. Its role is to support prevention and promotion community-based activities through contribution agreements signed with the Nunavik Board of Health & Social Services or/and with Inuit organizations. It also follows-up on administrative national policies and concerns expressed by the clients.
- Tungasuvvingat Inuit (TI), an urban Inuit community centre in Ottawa, through the Mamisarvik Healing Centre, develops and delivers mental wellness programs such as crisis intervention, advocacy, homelessness support, trauma and addiction treatment and family, children and youth programs. It provides these services primarily to urban Inuit, however, treatment services are also open to Inuit from the northern regions.

The Inuit Mental Wellness Plan builds on the work that has come before, including the Inuit Mental Wellness Framework, recommendations from the Inuit Health Policy Forum, the Inuit Specific Section of the Blueprint on Aboriginal Health, Alcohol-related Position Statements of the ITK Board and the National Inuit Youth Suicide Prevention Framework.

- Mental wellness is defined as “self-esteem and personal dignity flowing from the presence of a harmonious physical, emotional, mental and spiritual wellness and cultural identity.” (*Inuit Specific Mental Wellness Framework, 2001*)

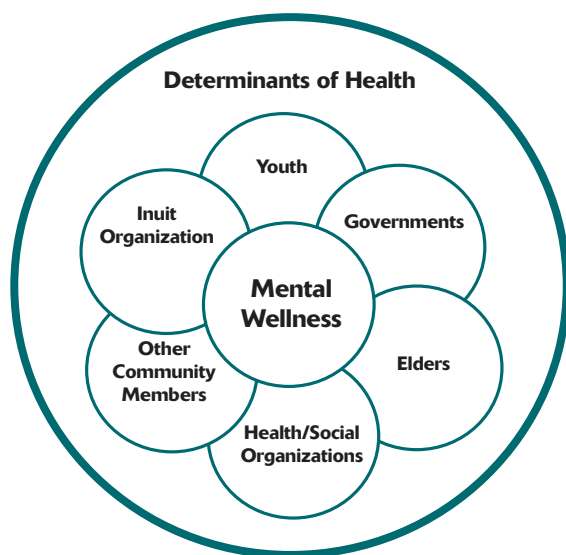
D. INUIT MENTAL WELLNESS FRAMEWORK

Mental wellness” is an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions.

Mental wellness incorporates all the components that contribute to a balanced life. It involves a holistic approach that brings together:

1. Prevention and promotion
2. Treatment, intervention and aftercare and
3. Traditional knowledge and practices.

The Inuit Mental Wellness Framework recognizes that the community and key organizations need to work together to address mental wellness.



A mental health and wellness approach recognizes that many social and health factors (determinants) contribute to a person’s mental health and that issues like violence or addictions cannot be separated and seen as distinct or be dealt with in isolation. In a mental wellness approach they are seen as symptoms. Determinants of health (e.g. housing, social supports, etc.) have impacts on mental wellness.

An effective mental wellness action plan will address many (but not all) of the factors that affect mental wellbeing, such as lack of access to coordinated services, loss of language and cultural ways, socio-economic conditions, housing, etc. Other factors must be considered as well, such as impacts of life experience, trauma, early childhood developing, parenting and physiology.

Determinants of Health

Conditions and factors that interact and influence a person’s health over their lifespan, which include but are not limited to: income; education; inter-personal relationships; housing; personal practices; inherited conditions; gender; race and culture; early childhood development; and health services.

A key to mental wellness is establishing one’s identity. Inuit are choosing different paths: some are choosing a contemporary life, others a traditional life, and many are living a combination of different choices. Regardless of a person’s choices and for each path, there need to be supports in place that facilitate people building productive and harmonious lives.

E. VISION

Inuit will have:

- ample opportunities for positive self-expression;
- the best of contemporary and traditional ways of life and the life skills to thrive in their environment; and
- socio-economic conditions that promote mental wellness.

Ultimately, Inuit will live in a society in which each person has a valued purpose and role and is a contributing and necessary member of the community.



F. LONG TERM OUTCOMES

- All policies and programs are developed with a mental wellness perspective.
- Inuit have access to a full range of services in their communities.
- The status of Inuit mental wellness is equal to that of other Canadians.
- All programs are designed from an Inuit specific perspective and are adequately resourced.

G. MID-TERM OUTCOMES

- Inuit have control over the design, development, delivery and funding of Mental Wellness services in their communities.
- Issues of violence, addiction, suicide and mental illness are dealt with in communities in a way that is respectful of everyone involved.
- Programs, across regions, have culturally relevant traditional healing practices and core counseling methods, and the use of different therapies and approaches in the continuum of mental wellness programs.
- Social and economic programs/systems promote mental wellness, recognize a broad range of meaningful employment, integrate the strength of Inuit language and culture and are directed at the community level within a mental wellness framework.
- Terms of land claim agreements are actively implemented, particularly with regard to engagement of Inuit in mental wellness planning for their communities.



- Supports are in place for workers involved in mental wellness work.
- Reduced stigma of mental health issues.
- A pool of trained Inuit in positions across the mental wellness continuum.
- Governments, communities and mental health workers reflect a mental wellness approach in their thinking and decision-making.

H. SHORT-TERM OUTCOMES

- The range of approaches used in mental wellness programs facilitates positive self-expression.
- Issues are approached in an interconnected way, rather than separately.
- There is a range of approaches in Mental Wellness to address the different issues which are arising as traditional ways continue to be impacted by the new.
- The importance and role of families is recognized and supported through a continuum of mental wellness services.
- Intergenerational learning is valued and integrated into programs.
- Governments, communities and the mental health systems are sensitized to an Inuit-specific mental wellness approach.
- Inuit specific training programs developed with a mental wellness perspective.
- Key decision-makers at all levels, especially national, understand and respect Inuit.



I. STRATEGIC GOALS

We will seek to achieve the outcomes through a series of strategies and actions that are grouped under five strategic goals:

- 1. To ensure a continuum of culturally relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.**

The Alianait plan will advocate for a range of activities and programs that provide specific supports to Inuit in their communities and works toward and supports the attainment of wellness in people and communities.

- 2. To recognize the community as the best resource in addressing mental wellness and invest in community capacity.**

The Alianait plan will advocate for the development of regional and community programs that strengthen the capacities of communities to build mental wellness in their community by using the resources and expertise in their community.

- 3. To increase resources at the community level for the mental wellness continuum.**

The Alianait plan will advocate for funds and resources to support a comprehensive mental wellness continuum. The plan will actively recognize that at the core of the plan are people who are helping people and strive for a positive mental wellness approach as the starting place for all workers and helpers.



- 4. To ensure Inuit-specific data, research, information, knowledge and training are available.**

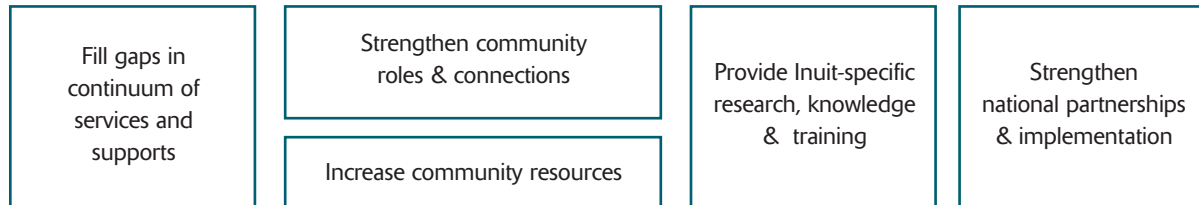
The Alianait plan will advocate for information, tools, resources and supportive learning environments for Inuit to be able to fully develop and deliver a comprehensive mental wellness plan.

- 5. To enable implementation through strong partnerships.**

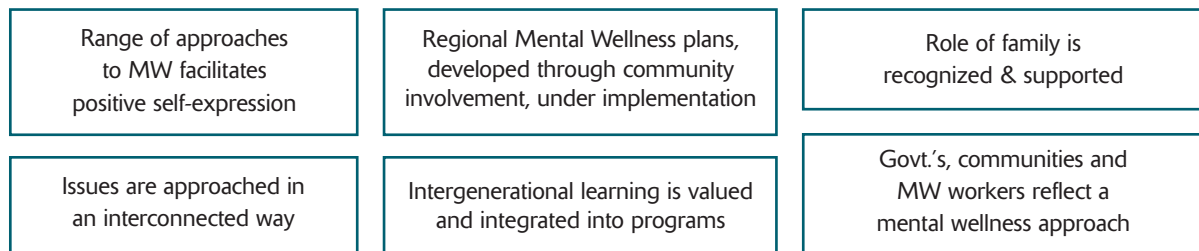
The Alianait plan will advocate for the mindful and strategic use of resources through partnerships and cooperation at every level and with all stakeholders.

J. OVERVIEW: THE ROAD MAP

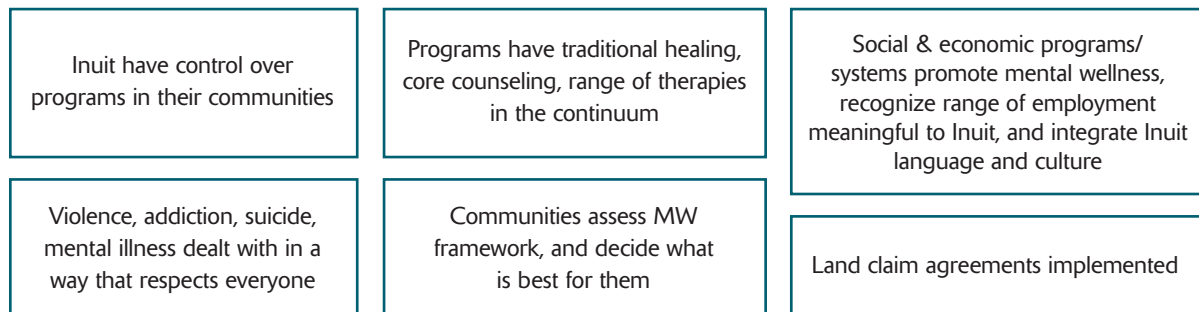
Goals, Strategies and Actions



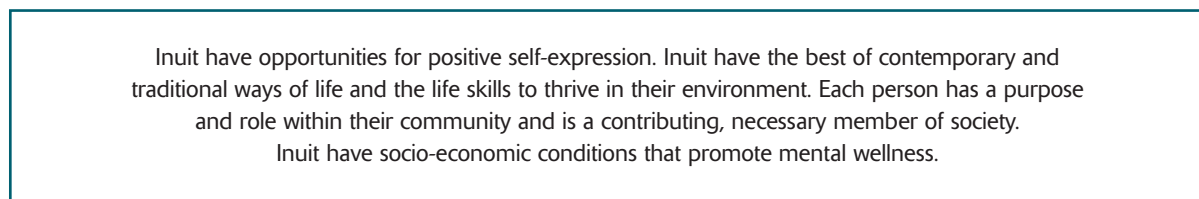
Short-Term Outcomes (3 years)



Mid-term Outcomes (3-5 years)



Long Term Outcomes (5-10 years)





K. COMMUNICATION STRATEGY

Key Message:

The implementation of the Inuit Mental Wellness Action Plan is essential to help Inuit address the root causes of social issues like suicide and addictions that are part of each community.

There are four key messages that are core to the Action Plan:

1. The Action Plan is taking a holistic and Positive Program Approach to mental wellness.
2. We all have responsibility for our own mental wellness and that of our community. The plan is a tool to support communities to develop their own plans to address Mental Wellness.
3. This cannot remain just another piece of paper but must be translated into actions that are useful to communities. As such we have a responsibility to make this plan accessible and doable (written in plain English and in practical small steps for communities).
4. The Action Plan is a base document that will evolve into Regional Plans and as such must be considered as a living document.

Stage 1: Building support through the dissemination of the Plan

a) Communications with decision-makers

Provincial/Federal/Territorial politicians each have a different focus and we have to reach each of them differently.

Federal Government Departments and Agencies

1. The Action Plan goes to MWAC (includes INAC, Public Health Agency of Canada and Health Canada-FNIHB).
2. Other departments that need to receive the Mental Wellness Action Plan and get a presentation on the Plan:
 - INAC (Inuit Relations Secretariat)
 - Health Canada (Healthy Environments, Consumer Safety, Drug Safety)
 - Justice
 - Emergency Preparedness: National Crime Prevention Centre
 - HRSDC and Social Development (Homelessness Initiative)
 - Sport Canada
 - Heritage Canada

- Canada Mortgage and Housing Corporation
- Interdepartmental working group – presentation on Mental Wellness Strategy + identify possibilities for interdepartmental collaboration
- Aboriginal Healing Foundation

Provincial/Territorial Governments

1. The Provincial/Territorial members of Alianait will bring the Action Plan back to their colleagues to advocate and negotiate for its implementation.
2. The Provincial/Territorial Government representatives on Alianait will take the parts of the plan that they can integrate into the work that they do.

Regions

1. The presidents of all Land Claim Organizations will be presented with this Action Plan at a meeting of the board of ITK (on which all presidents serve as directors). ITK will offer a presentation to the Board of each of the Land Claim Organizations once reviewed by the ITK Board.
2. Child, Youth and Family Services, Health & Social Services, School Boards.

Community

1. Community organizations – Status of Women Council, treatment centers, women’s centers.
2. Interagency groups.
3. Various community committees (elders, youth, justice).
4. Informal networks.

National Organizations

1. National organizations will receive the plan with a request to integrate it into their core work.
2. Alianait members will offer national organizations a presentation of the Plan.
3. Members of Alianait will bring it back to their colleagues to advocate and negotiate for its implementation.

Key Non-Aboriginal National Government Organizations

- National organizations (e.g. Canadian Medical Association, etc) would receive the plan and an invitation to work with Alianait to facilitate implementation of the Plan.

L. LEARNING AND EVALUATION

The Learning and Evaluation Plan will enable the monitoring of progress on the various strategies and actions, assess the degree to which the short-term outcomes are being met, and learn from the ongoing experience of implementing the strategies to adjust and improve them as needed.

The learning and evaluation plan would include:

- for each short-term outcome (over 3 years), what information needs to be collected in order to evaluate progress
- how this data will be collected
- how the information will be analyzed and by whom: as a minimum.

The outcomes that will be achieved will be:

- a) Inuit Mental Wellness Regional Plans for each of the Four Regions. (The plan would be inclusive and consider community plans)
- b) An Urban Inuit Strategy that is developed in consultation with the Regions.
- c) Community or local mental wellness plans that include “Embrace Life” programs or similar groups that promote a Positive Program Approach.
- d) The Regional plans provide a comprehensive inventory of what the strengths and gaps in the region and communities are and provide base line data on the situation of Inuit in each Region.
- e) The Positive Program Approach is the approach taken in the development of the plan and implementation of any pilot programs.
- f) A significant portion of community members are involved in development of their Regional Plans.
- g) Community members have an increased sense of responsibility for Mental Wellness.
- h) An increased capacity in the community to deliver health and mental wellness services, including an increased capacity to identify and analyze their own needs.
- i) Identification and/or initial implementation of various pilot projects that build on the Plans and community strengths. The ideas would originate primarily from the community and less from the governments.
- j) Roles are clarified and mental wellness processes are streamlined.
- k) Traditional knowledge and the “Positive Program Approach” are shared through various means, including radio spots and posters.
- l) Relations are established and strengthened throughout the process of the development of the Plans.
- m) Key partnerships (Federal/Provincial/Territorial/ National and Regional Organizations) are strengthened and roles are clarified.





M. IMPLEMENTATION

Each of the strategic goals is important and interconnected. The process to address mental wellness must involve the community and National Inuit groups.

The process for implementation ensures that priorities for addressing mental wellness emerge from the people in the communities and the key stakeholders. The plan must work to identify and address priorities but also achieve the principles in each stage of implementation. As such, the plan will be implemented through phases:

Phase 1: Development of Regional Plans and an Inuit Urban Plan

This phase specifically addresses: Goal 1, Strategies 1-4 and Goal 2, Strategies 1 and 2

Phase 2: Implementation of the short-term outcomes from the Plans

Phase 3: Implementation of the mid-term outcomes from the Plans

Phase 4: Implementation of the long-term outcomes from the Plans

The Alianait committee role in implementation could include:

- Monitoring implementation of the Plan.
- Providing strategic recommendations.
- Supporting and facilitating transfer of knowledge between Regions.
- Taking a role in the implementation of national components of the Plan.

On the next pages are **Tables** that describe the strategic goals in more detail, including actions that need to be taken to achieve those goals. Responsibilities are not fully identified as Alianait members recognize that responsibilities will be established by each of the member organizations. Appendix C contains a list of program ideas that were generated by the committee.

Goal 1. To ensure a continuum of culturally-relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.

Short Term (1-3 years)			
STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>1. To develop comprehensive regional plans that include: prevention, treatment and aftercare programs and that support the needs of the different members of the communities (youth, elders, women and men)</p>	<p>a) Each Inuit region develop a comprehensive plan that includes the range of programs that each region needs, the current programs and services in existence and what investments are needed</p> <p>b) The plan would be developed in three steps. A fourth step would support the implementation:</p> <ul style="list-style-type: none"> – Coordinate and integrate all the existing information – Focused consultation process for areas where further information is required – Annual Regional Health and Mental Wellness Conferences – Create and support mental wellness workers networks (see Goal 4) <p>Step 1</p> <p>c) Coordinate and integrate all existing information:</p> <ul style="list-style-type: none"> – Document current situation in each community: what is available – facilities and programs? – Review recent needs assessments – Identify gaps and barriers (e.g. exclusionary criteria re: children, mental health, addiction) – Develop recommendations for improvement, including cost estimates – Seek out funding sources to address needs; develop proposal(s) or advocate with appropriate level of government <p>Step 2</p> <p>d) Focused consultation process for areas where further information is required</p> <p>Step 3</p> <p>e) Annual Regional Health and Mental Wellness Conferences</p> <p>f) Identify key Mental Wellness programs that address the needs of the community: families, children, youth, women and men</p> <ul style="list-style-type: none"> – Examine existing programs for models for promising practices – Establish community priorities – Ensure facilities are available – Develop materials, hire coordinator – Implement program and evaluate <p>g) Identify programming for all aspects of the continuum: prevention, treatment, aftercare:</p> <ul style="list-style-type: none"> – Develop and deliver culturally appropriate programs – Investigate existing models for effectiveness, cultural relevance – Obtain funding, develop materials – Implement and evaluate <p>h) Ensure that regional plans support the mental wellness approach and include programs that integrate:</p> <ul style="list-style-type: none"> – Land-based activities – Elders and youth perspective and involvement – Cultural teachings – Identify/support healthy outlets for expression, e.g. drum dancing groups; choirs; etc. – Recognize individual contributions appropriately (determined by the community) – Engage knowledgeable Elders to teach traditional ways and participate in planning and delivering mental wellness services <p>i) National meeting to review the regional plans and identify possible national role or pan-Inuit region supports at the national level</p>	<p>Each region would identify its own process. Could be integrated into existing processes</p> <p>To facilitate the process, Alianait will prepare a chart for each region listing current mental wellness structures and programs</p> <p>Regions</p> <p>Regions</p> <p>Regional Mental Wellness Gathering</p> <p>Regional Mental Wellness Gathering</p> <p>Regional Mental Wellness Gathering</p> <p>National Inuit orgs and NAHO AC</p>	<ul style="list-style-type: none"> – Each Region has a comprehensive Regional Plan that uses the Alianait Mental Wellness Plan as a resource – An inventory of programs/policies by Region to be used as a resource as Regions develop new programs and policies – Specific initiatives between regions and organizations on Mental Wellness – An increased level of coordination within each region between the different mental health programs – Specific pilot projects that apply a health determinants model at the community level

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>2. Develop an Urban Inuit Strategy in consultation with the Regions so as to ensure that Inuit in Urban settings are receiving culturally appropriate programming</p>	<p>a) Follow an open process for the Strategy that would:</p> <ul style="list-style-type: none"> – Review documents, consult stakeholders to ensure a respectful and informed starting point for development of the urban plan – Identify service providers in these urban settings who are directly providing services to the Inuit – Needs analysis, including a research survey of individual Urban residents and service providers and a literature review – National gathering to review the results and develop priorities <p>b) Ensure that Inuit needs are addressed in the Urban Aboriginal Strategy and other urban specific initiatives</p>	<p>National Inuit Organizations</p> <p>TI and other urban Inuit organizations</p>	<ul style="list-style-type: none"> – Present the Alianait framework to the Urban Aboriginal Strategy in the seven urban Inuit settings
<p>3. Support existing initiatives in the communities that are working within the mental wellness framework</p>	<p>a) Evaluate implementation of the “Embrace Life” program in Nunavut and any similar programs in Inuit regions. Support their development and success</p> <p>b) Review any evaluations of the Kamatsiaqtut Help line (1 800); assess if it should be further developed and supported. If no evaluation, do so</p> <p>c) If evaluated as a strong program, support the Kamatsiaqtut Help line to develop further and:</p> <ul style="list-style-type: none"> – Address differences in Inuktituut dialects – Privacy issues – Follow-up Issues – National coverage – Ensure Inuktituut speakers – Address the balance between volunteer and paid work – Address the training needs for the crisis workers – Publicity plan 	<p>Regions</p>	<ul style="list-style-type: none"> – Facilitate the evaluation of the Embrace Life Program and identify lessons for future development – Review and monitor Helpline and identify lessons for future development – Do a bi-annual environmental scan to ensure that material is being shared
<p>4. Establish programs for priority issues identified by the community, ensure that there is programming for each aspect of the continuum and coordination between the different parts</p>	<p>EXAMPLE:</p> <p>a) Identified priority is FASD</p> <ul style="list-style-type: none"> • Prevention <ul style="list-style-type: none"> – Establish programs to support young women and men to prevent FASD – Establish programs for women and men who have drinking problems and are likely to have FASD babies – Develop programs for servers of alcohol • Treatment <ul style="list-style-type: none"> – Establish early intervention programs for FASD children – Establish early intervention programs for parents – Examine effective early intervention programs in other jurisdictions for relevance to Inuit • Aftercare <ul style="list-style-type: none"> – Establish programs that work with children and educate them about FASD – Establish aftercare programs for parents • Multiple Needs <ul style="list-style-type: none"> – Establish programs for people with FASD who have multiple needs and may be viewed primarily as psychiatric patients – Dangerous offenders who return to the community and have FASD • Coordinated response <ul style="list-style-type: none"> – Will address infrastructure, after-care, housing, and treatment needs all within the context of the community’s capacity 		<ul style="list-style-type: none"> – Have mechanisms to support communities that have identified a need to learn from other communities and organizations who have started a similar program – Establish an addiction treatment centre for the North

Goal 2. To recognize the community as the best resource in addressing mental wellness and invest in community capacity.

Short Term (1-3 years)			
STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Identify if and how Elders want to be involved in the Mental Wellness Plan	a) Hold a meeting of Elders in every Region to determine how they want to be involved	Can be connected to the Regional Mental Wellness Gatherings	
2. Create and strengthen Community Networks that can support mental wellness programs and the workers in those programs	a) Identify community mental wellness partners working with victims and offenders; substance abuse and addiction; mental illness and suicide prevention, including Elders who act as traditional healers in these areas; establish collaboration, communication and support between agencies and individuals b) Network to communicate with each other on a regular basis about recent and upcoming activities and events/ opportunities		
3. Share information, resources and promising practices	a) Work with partners at the National, Regional and Local levels: – Gather evidence of success, promising practices b) Communicate evidence through plain language, Inuit languages and English print media, radio spots, etc. Make information clear and accessible, available in appropriate languages	NAHO AC and National Inuit Organizations	– A listserv of stakeholders working on mental wellness in Inuit Nunagut – All Inuit organizations (ITK, Pauktuutit, NIYC and NAHO AC) have a specific role and have integrated elements of the plan into their organizational work plans – Communication about the plan and the roles that the different national organizations will be playing has been sent to all key Inuit organizations
4. To develop and support a community engagement strategy that will: – Focus on strengths – Promote dialogue – Share information – Be action-focused – Build relationships	a) Communications with the public in Inuit communities: – Act as an information clearinghouse to help Inuit learn more about education and training opportunities related to wellness – Acknowledgement and promotion of positive community activities (success stories) – Provide specific examples of how to take action as an individual, a family and/or a community – Provide a way for the public to give feedback – Find out how and where Inuit are currently accessing information about mental wellness – Use pre-existing publications to provide info about mental wellness – Support the development and use of youth media teams and other volunteers, e.g. Video contest: “What mental wellness means to me” – Establish media related resources in each community for public access to computers, cameras, printers, etc.		– A Public Awareness campaign delivering culturally relevant, positive messages over a variety of media outlets

Goal 3. To increase resources at the community level for the mental wellness continuum. (Human Resources, Funding and Infrastructure)

Short Term (1-3 years)			
STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Ensure that infrastructure needed to support programs and services, as identified in the Regional Plans, is in place	<p>a) Review Regional Plans:</p> <ul style="list-style-type: none"> – Identify existing resources and needs – Determine specific infrastructure priorities – Identify potential partnerships <p>b) Determine what is required to meet priority needs and develop proposals in collaboration with partners</p> <ul style="list-style-type: none"> – Obtain commitments from partners and funders – Implement action plan – Evaluate 	Regions	Treatment Centre
2. Ensure that there is adequate funding for programs and services in the mental wellness continuum	<p>a) Recognize the realistic costs of living and doing business in the Arctic context. The funding formulae should be built on a base which can be adjusted for population, remoteness and a rate of growth reasonable to the Arctic Region.</p> <p>b) Look at alternative funding for mental wellness programs</p> <ul style="list-style-type: none"> – Research Foundations and private funders 		<ul style="list-style-type: none"> – A standard business case model on the costs of delivery in the North, accessible to all organizations. – Inuit organizations hire a full-time proposal writer to support organizations and communities to fundraise.
3. Apply focused northern government subsidies/ programs to support a healthy lifestyle and reinforce mental wellness	<p>a) Apply subsidies to lower the price of fruit and vegetables and necessities of life (e.g. baby food)</p> <p>b) Broaden the housing subsidies available to workers and permanent residents</p> <p>c) Facilitate the development of affordable and available housing and support existing initiatives to build housing</p> <p>d) Support Healthy Eating programs that provide nutritional information, healthy cooking and better food options</p>		
4. Offer supports and services to employees who are working in the mental wellness continuum	<p>a) In all proposals at the organizational level and in the Regional Plans, include a “Pay to Retain” budget plan – compensation, including benefits, that is sufficient to keep people in their positions after training</p> <ul style="list-style-type: none"> – Research compensation packages in other remote regions; review results of interviews with health care workers; develop recommendations for improvement. <p>b) Offer effective workplace programs (mentoring, training, peer support, clinical supervision, Elders, Employee Assistance Programs) to mental wellness workers and have them available to all workers in the language of their choice</p> <ul style="list-style-type: none"> – Review current status in each region – Identify gaps and barriers – Address the issues of confidentiality around EAP when it is a small community – Address the issues of cultural appropriateness when EAP is delivered through the South – Develop recommendations <p>c) Compile information on retention and identify the issues that are related to retention of workers and develop low cost strategies to keep workers in the job positions</p>	Integrate into Regional Plans	

STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
5. Increase the number of Inuit workers employed and retained in mental wellness services and programs	<p>a) Use existing information to develop strategies to eliminate barriers to Inuit in these jobs, including accessing training and education</p> <ul style="list-style-type: none"> – Provide Inuit specific support to some of the barriers that arise (e.g. young parents who want to continue their education) <p>b) Create employment opportunities for trained workers</p> <ul style="list-style-type: none"> – Identify gaps, estimate costs <p>c) Work with relevant government to identify sustainable funding for access programs.</p> <p>d) Create bridging programs for transition to post-secondary education</p>	Regions and relevant governments	
6. Support the use of technology for communication and coordination in delivering Regional Mental Wellness programs (Tele-Health, e-Health)	<p>a) Conduct research on tele-health</p> <ul style="list-style-type: none"> – Where does it exist? How is it being used? Are Inuit accessing it? – What needs to be improved? <p>b) Identify where tele-health/e-health investment is needed</p> <p>c) Ensure that there are sufficient human resources to service and support the implementation of any technology within the communities</p>	Regional Plans Inuit organizations, regional and national; NAHO	
7. Cultural and geographic orientation for all govt. employees	<p>a) Review existing orientation packages to develop a template of the key elements in orientation plans for new government staff</p>		
8. Establish training programs that facilitate mental health service workers working in a coordinated way	<p>a) Cross-training for mental wellness workers</p> <ul style="list-style-type: none"> – Review current curricula for strengths and gaps (e.g. by visiting a social work program at a college that Inuit attend) – Develop culturally relevant curriculum (research existing programs, relevance to Inuit regions as models) – Determine responsibility for implementation – Seek professionals to act as trainers – Identify funding source(s) and required resources, e.g. interpreters, facilities, etc. – Identify available and qualified trainers – Implement curriculum; evaluate; adjust as needed <p>b) Develop comprehensive, culturally appropriate Mental Wellness Training program to ensure a holistic approach and that people are working from a broad base of knowledge</p> <ul style="list-style-type: none"> – Develop proposal and obtain funding – Hire experts to develop curriculum – Test curriculum, evaluate <p>c) Ensure a pivotal coordinator role (e.g. Psychiatric Nurse Consultant) is available to support and follow specific community members through the continuum of care</p> <ul style="list-style-type: none"> – Coordinated case management – Support to community workers 		
9. Develop and update the F/P/T/I agreements so they support the implementation of the Mental Wellness continuum	<p>a) Work through existing and/or new bilateral, trilateral and multilateral processes, including those specified for implementation of the Partnership Accord and for meeting terms of Land Claims Agreements</p> <p>b) Review and Improve the 1988 Transfer Agreement for NWT and Nunavut</p> <ul style="list-style-type: none"> – Partner with the two territorial governments on comprehensive analyses of issues in both territories and develop recommendations – Engage Inuit to ensure transparency 		

Goal 4. To ensure Inuit-specific data, research, information, knowledge and training is available.

Short Term (1-3 years)			
STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
<p>1. Ensure that there is accessible, Inuit-specific Information readily available for communities</p>	<p>a) Use an existing Information clearinghouse (e.g. NAHO) for sharing research, (e.g. on protective factors and risk factors, impact of observing physical/emotional/verbal violence on children; early trauma and its role in alcohol abuse, etc.); traditional knowledge; educational opportunities; environmental scans; success stories; discussion papers, etc.</p> <ul style="list-style-type: none"> – Identify criteria for information to be placed in clearinghouse (e.g. validated by Inuit; plain language; translation; ethical methodology; format, etc.) – Choose website and create links to partner organizations (include governments, NGO's and private) <p>b) Advocate for increased government funding for translation and interpretation; seek out additional funding</p> <ul style="list-style-type: none"> – Identify gaps and prioritize needs – Research sources of funding (government, NGO and private) – Develop proposals and submit – Complete projects, post in clearinghouse <p>c) Create a dictionary of Inuit words and terminology related to mental wellness</p> <p>d) Establish 1-800 line and 'Embrace Life' groups to share information</p>	<p>NAHO, other Inuit Organizations</p> <p>Regions establish ways to transfer information to NAHO</p>	<p>– Inuit Knowledge Centre groups</p>
<p>2. Recognize the importance of language by translating material</p>	<p>a) Include in all proposals and plans the costs of translation into at least one Inuit language in Canada</p>		
<p>3. Do research that will support the ongoing development of holistic cultural mental wellness programs</p>	<p>a) Identify and communicate priorities for research</p> <p>b) Focus on synthesizing existing research (as opposed to continual collection)</p> <ul style="list-style-type: none"> – Develop project proposals and submit for funding – Identify sources and gather existing information – Analyze and report – Publish via Clearinghouse, etc. <p>c) Develop Inuit-specific methodologies</p> <ul style="list-style-type: none"> – Consult with Elders – Define ethics, reporting requirements, data ownership – Ensure ethical guidelines are followed for research; develop way to ensure reporting and monitoring of ethics of research methodology – Distribute via clearinghouse and academic publications <p>d) Develop a body of knowledge about Inuit healing/mental wellness strategies</p> <ul style="list-style-type: none"> – Gather existing information and draft report – Validate report with Inuit organizations and individuals – Post on clearinghouse, etc. <p>e) Evaluate the effectiveness of Alianait strategies (recognizing that some may be implemented through other processes/ funding sources.</p> <ul style="list-style-type: none"> – Request information on any evaluations conducted by other federal departments on initiatives that advance the Alianait Plan – Ensure strategies funded by Health Canada include evaluation plans – Communicate evidence from evaluations to decision-makers 	<p>Integrate into Regional Plans</p>	

Goal 5. To enable implementation through strong partnerships.

Short Term (1-3 years)			
STRATEGIES	ACTION STEPS	RESPONSIBILITIES	INDICATORS
1. Strengthen and build new partnerships and processes that will support the implementation of the Action Plan	<ul style="list-style-type: none"> a) Identify partnerships needed to implement strategies; include government, non-government and private organizations b) Involve relevant FNIHB Regions (Northern Secretariat, Atlantic, Québec) in all Inuit-specific discussions 	Regional Gatherings	



APPENDIX A: TERMS OF REFERENCE FOR “ALIANAIT” (AN EXPRESSION OF JOY)

The Inuit Mental Wellness Task Group

(part of the First Nations and Inuit Mental Wellness Advisory Committee)

approved: February 7, 2006

Introduction

Inuit Tapiriit Kanatami (ITK) and the First Nations and Inuit Health Branch (FNIHB) have agreed to the creation of an Inuit-specific Mental Wellness Task Group (Alianait) as part of the First Nations and Inuit Mental Wellness Advisory Committee (MWAC). Alianait is to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances.

While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners.

Alianait will report to ITK and FNIHB through MWAC. ITK will contribute the work of Alianait as part of their participation at MWAC. Individual members will share the work of Alianait with their respective organizations and governments.

Context

In early 2005, the First Nations and Inuit Health Branch (FNIHB) created the Mental Wellness Advisory Committee (MWAC) in response to the stated priorities of Inuit and First Nations. The National Organizations, Inuit Tapiriit Kanatami and the Assembly of First Nations, are partners in this process. MWAC is composed of key stakeholders and expert organizations, who provide strategic advice to the Community Programs Division of the First Nations and Inuit Health Branch on issues related to mental wellness (including mental health and addictions).

Vision

Inuit will develop and participate in Mental Wellness programs that foster and promote the “self-esteem and personal dignity (that) flows from the presence of a harmonious physical, emotional, mental and spiritual wellness and cultural identity.” (p. 2, Inuit Specific Mental Wellness Framework)

Purpose

Alianait is mandated by, and accountable to, ITK and FNIHB, to provide strategic recommendations aimed at improving the mental wellness of Inuit. The three purposes are to:

- Bring together key organizations working on Inuit mental wellness to facilitate collaboration and the sharing of information.
- Provide Inuit-specific recommendations towards the development and implementation of a strategic/action plan. (includes a vision, approaches, strategic priorities, and actions)
- Provide strategic advice regarding on-going mental wellness program development and assess evaluation results to identify what is working.

Principles

These principles will be kept in mind throughout our discussions and shall guide our decisions:

- Alianait shall be guided by the ten principles in the Inuit-specific Framework for Mental Wellness, in particular the first principle that “People Come First.”
- Alianait shall be guided by the Inuit-specific Framework for Mental Wellness; the National Inuit Youth Suicide Prevention Framework. Other relevant documents, including the Nine Inuit Position Statements on Alcohol-related Priorities and any other documents identified by Alianait will also form the background for the strategy.
- A Positive Program Approach will be emphasized to support the development of language and culture, facilitate the ability to live a cultural life and invest in protective factors.
- Inuit will work across jurisdictional barriers in partnership with provincial, territorial and federal and non-government agencies in making recommendations to improve Inuit well-being.
- The Action Plan will consider all the determinants of mental wellness.

Roles and Responsibilities

- Members will provide strategic advice based on their areas of expertise and/or experience in mental wellness on behalf of their respective organizations.
- Members will maintain an informed exchange between Alianait and their respective organizations.
- Members may be appointed to lead sub-committees and task groups and to report back to Alianait.
- ITK will facilitate Alianait and report on activities and recommendations to NICOH and MWAC.
- Members are expected to make every effort to ensure continuity of representation and are requested to advise ITK of substitutions in advance of meetings.

Secretariat

ITK will provide Secretariat support to Alianait. A facilitator will be used to support the meetings of Alianait. Preliminary reports of each meeting will be circulated within five working days of the completion of the meeting.

Membership

Membership is comprised of key partners, stakeholders and expert organizations by invitation of the National Inuit Committee on Health (NICOH). Total membership is 16. Each member will have one seat at the table. Membership is as follows:

- 1 representative each, appointed by land claimant regions: Inuvialuit Regional Corporation, Nunavut Tunngavik Inc., Nunavik Regional Board of Health & Social Services; and Nunatsiavut
- 1 senior representative from each of the Government of Nunavut and Government of the Northwest Territories Health & Social Services Departments; 1 from Labrador-Grenfell Health for the Province of Newfoundland and Labrador; 1 from Quebec Department des Services Sociaux et Sante.
- 1 representative from each of the three National Inuit Organizations (ITK, Pauktuutit and the National Inuit Youth Council)
- 1 representative from each of Northern Secretariat, FNIHB Atlantic and FNIHB Quebec
- 1 representative from FNIHB Headquarters
- 1 Inuk Elder (selection is based on five criteria: the definition of Elder used by Alianait, can speak English and Inuktitut embodies wellness and is viewed as a healthy person in the community, someone who does traditional ways of healing and is able to travel without assistance).

Non-Member Resource People

Non-member resource people will be approved by Alianait and may include:

- People with additional expertise on Inuit Mental Wellness
- Representative from Ajunnginiq Centre of NAHO

As non-members of the group, they have the opportunity to participate in discussions.

Meetings

Meetings will be held as needed, up to a maximum of 4 face-to-face meetings held annually. Short teleconferences or requests for comments via email may be held in between face-to-face meetings. Draft agendas will be developed and circulated to members for comments/additions in advance of meetings. Draft Records of Decision will be circulated to members in a timely manner, and approved at the beginning of the next meeting.

Operations

Any recommendations that conflict with the guiding Framework documents will be referred through ITK processes.

Consensus decisions are preferred; where necessary, differences of opinion will be noted in the Records of Decision and forwarded through ITK processes.

A webservlist will be created to facilitate on-going communication and to ensure all key documents are available to member organizations of Alianait.

Alianait may recommend working groups with external members to examine issues in more depth. All working groups will report back to Alianait.

Appropriate financial, human resources and accountability capacity will be provided to facilitate the contributions of the Alianait.


Reimbursement

Funds will be provided to Inuit organizations and provincial and territorial governments for any travel and accommodation costs that are incurred, as per ITK travel reimbursement guidelines. Travel and accommodation cost may be reimbursed for invited guests, based on ITK guidelines.

Budget

The Mental Health and Addictions Division of the Community Programs Directorate (CPD) of FNIHB will provide a budget through a contribution agreement with ITK to support the development of the Inuit Action Plan. ITK will support and manage the budget for Alianait.

Subsequent funding will need to be found to support the other purposes of Alianait.



APPENDIX B – PRINCIPLES

1. People Come First:

Mental wellness services respond to the needs of people before the needs of government or the service system. Mental wellness services put the needs of people first and provide services in a way that respects individual rights, language, culture and personal dignity.

2. The Family is the Main Living Environment:

Mental wellness programs and services recognize that families are the main living environment of Inuit. Programs/services nurture families to enable them to support their members and share responsibility for their wellness. They give priority to identifying and supporting realistic solutions within the family living environment.

3. People Have Hope:

Mental wellness programs and services give hope to individuals, families and communities for a healthy, happy, safe and secure future. They build self-esteem and self-worth. They provide options, opportunities, challenges and experiences that empower individuals, families and communities to be all they can be and to look forward to the future.

4. People Have Access to Services in their Communities:

All Inuit have access in their communities to essential mental wellness services that meet their immediate needs. Community services build on family and community strengths and are linked to treatment and specialized services in a community-like setting, that are provided in or outside of Inuit communities. Mental wellness services meet community needs without compromising the standard and quality of services.

5. People Have Access to Culturally Based Services:

All Inuit have access to mental wellness services and programs that are culturally-based, respect Inuit cultural traditions, integrate traditional knowledge, and use Inuktitut as the language of service delivery. Inuit are involved in the design and delivery of programs/services and in the regular monitoring and evaluation of mental wellness services. Inuit share responsibility for ensuring high quality of culturally-based services.

6. People are Treated Fairly and Equitably:

Inuit receive information in a form and manner that enables them to exercise their rights to benefit from the continuum of mental wellness programs and services that are available to all Canadians. Inuit are able to access and use mental wellness programs and services without fear of reprisal, discrimination or discomfort.

7. Mental Wellness Services Operate as a Cohesive, Coherent Continuum:

Mental wellness programs and services fit together at the community, regional and national level as seamlessly as possible and are integrated with other human services. All levels of government work together to support a cohesive, coherent mental wellness service continuum. Cohesiveness and coherence is visible not only in policy and program design but in all aspects of mental wellness program and service delivery.

8. Individuals, Families and Communities Have the Capacity to Respond to Needs:

Skills, knowledge, attitudes and behaviours are built and strengthened within Inuit communities to create adequate capacity for local people to meet their mental wellness needs. Each region has support systems to assist local communities to respond to the full range of mental wellness needs.

9. Inuit Participate in Program and Service Decision-Making:

Mental wellness services respond to the needs of people before the needs of government or the service system. Mental wellness services put the needs of people first and provide services in a way that respects individual rights, language, culture and personal dignity.

10. Programs and Services Have Stable and Adequate Funding:

Mental wellness services/programs have stable and adequate funding. Funding is available on a multi-year basis. Criteria guiding expenditures are flexible to enable communities to make decisions to allocate funds to address community identified mental wellness needs.



APPENDIX C – PROGRAM SUGGESTIONS

- a)** Develop and support activities within communities that build bridges within the population.
- b)** Create comfortable and safe outlets for discussions about spirituality, dreams etc.
- c)** Develop and administer programs designed to facilitate effective communication in interpersonal relationships.
- d)** Facilitate the development of an email listserv for interested youth to receive information and updates on opportunities, projects, activities, etc.
- e)** Develop and implement an Inuit Youth Role Model campaign.
- f)** Support a “Positive Self-Image” media campaign, directed by youth.
- g)** Produce a series of radio clips about how Elders and youth can work together in meaningful ways.
- h)** Establish “Embrace Life” circles in communities that want it. a) Create a toolkit to aid communities to establish EL circles – including:
 - List of contact information for functioning circles
 - Identify potential partners for funding, information sharing and in-kind donations
- i)** Inuktitut and English versions on ITK website; link to national and Regional Inuit organizations and NAHO
- j)** Develop rationale for the creation of a 1-800 service and advocate to federal government.
- k)** National Hotline for Inuit Youth
 - Research other National Hotlines and whether a separate Hotline for Youth is needed – what works and what does not? What resources are needed?
 - Seek out potential funding sources and partners
- Develop proposal, including operation plan, budget and communication strategy: submit to funders
- Implement hotline and communication strategy
- Evaluate after one year and post in clearinghouse
- l)** Train youth in peer support and peer counselling
 - Research and draw on existing programs
 - Identify community needs
 - Identify sources of funding
 - Develop proposal in collaboration with youth and relevant partners. Include:
 - Learning plan, curriculum and learner evaluation
 - Draft budget
 - Implement
 - Post training reports on effectiveness (1 month, 3 months, 6 months, 1 year)
- m)** Identify Elders willing and able to act as resource persons; connect with community network of mental wellness workers.
- n)** In consultation with Elders and community mental wellness workers, develop clearly defined support roles for Elders in substance abuse programs
 - Research – are there existing programs in other jurisdictions that can serve as models?
 - Develop proposal for Elder role based on consultation and research; seek funding if needed
 - Implement and evaluate after one year; obtain viewpoints of clients, Elders and workers
- o)** Gather Elders’ perspectives and suggestions on making positive changes
 - Work with Elders to identify how to gather information in an appropriate manner
 - Develop funding proposal (or contact interested researcher); once funded:

- Train person(s) in each community
 - Gather information; compile and draft report for validation by Elders interviewed
 - Publish report via clearinghouse, other media
 - With Elders, design pilot activities based on report; implement and evaluate after one year.
 - Develop commercials and ads that share traditional knowledge.
 - Support ongoing culture camps that offer youth and Elders the opportunity to learn from one another
- p)** Orientation Package for workers.
- Examples of information required:
- Language – working with interpreters
 - Traditional Knowledge and roles of Elders
- Highlights of the Regional Land Claim
 - Social Norms, e.g. expectations for behaviour in Inuit culture and in “southern” culture
 - Impacts of location
 - Common sources of “culture clash”
 - Networks with other workers in the community
 - Information specific to the community
- q)** Facilitate discussions of knowledge and values (including spirituality) amongst mental health workers and how it impacts on mental wellness.
- r)** Profile Inuit healers who use traditional healing.
- s)** Profile organizations that are doing cultural work and promising practices as part of the mental wellness continuum.

APPENDIX D – RESOURCES (2007 BUDGET)

Each region has been working in the area of Inuit Mental Wellness with a different level of resources and investment. As such each will be building on work that has been started in their Region. The first two years of implementation of the Alianait Plan will require funding as outlined below; budgets for following years will be developed as phases are completed.

Phase 1: Develop Regional Plans and an Inuit Urban Plan

	\$1,631,000
Nunatsiavut	\$331,000
• Coordinator/Travel	\$118,000
• Consultant/Travel	\$118,000
• Regional Coordination/Conference	\$ 60,000
• Elders Gathering/Council	\$ 20,000
• Literature Review	\$ 15,000
Nunavut	
(Phase 1 completed – see HII Report)	
Inuvialuit	\$200,000
Nunavik	\$500,000
• Regional Coordinator/Travel	
• Regional meetings and Partnership Committee	
• Mayor’s conference in 2007	
Urban Strategy	\$300,000
• Coordinator	
• Research	
• Meetings and Gatherings	



National Role	\$300,000
• Research coordination	
• National conference	
• Alianait committee	

Phase 2: Implementation of the Short-term outcomes

Nunavut	\$600,000
• Pilot Community Wellness projects	
Nunatsiavut, Nunavik and Inuvialuit	– To be determined
Total amount requested for initial implementation:	\$2,231,000



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