Summary Report

"Stay the Course…
and Together We Can Secure the Foundation
that Has Been Built"

An Interim Report on the Mental Health and
Addictions Services in the NWT

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Submitted to:

The Department of Health and Social Services
Yellowknife, Northwest Territories

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Summary Report

Overview

This document is a summary report of a larger document entitled, “Stay the Course…and Together We Can Secure the Foundation that Has Been Built”.

In 2001/2002, the Department of Health and Social Services (“DHSS”) contracted Chalmers & Associates Consulting Ltd. to do an evaluation of Community Addiction Programs across the Northwest Territories. “A State of Emergency…A Report on the Delivery of Addictions Services in the NWT” was released in May, 2002. In response to this report, the Department of Health and Social Services determined that these services should be built from the community level up. The Framework for Action: Mental Health and Addictions Services (2003) was completed. Thereafter, implementation of many changes, new investments and the development of mental health and addictions as a core service began.

Given the undertaking by the Government of the Northwest Territories (GNWT) in response to the 2002 recommendations from the "State of Emergency…" (2002), an interim review of the progress was recommended.

This summary report will provide a general overview of the background, methods used by the review team, review of the progress to date of the 2002 recommendations, findings and recommendations for ongoing work and priorities. As a backdrop to this summary report, key areas of strength and areas for further development within the core service of mental health and addiction services are listed here to prepare the reader for what will be presented throughout this summary report.

Strengths of the Core Service as of December, 2005

1. Community Counselling Program (“CCP”) in NWT communities

2. Implementation of new program standards

3. Infusion of financial resources within the core service

4. New and re-profiled positions (Clinical Supervisor & Community Wellness Worker)

5. Education and training program for Community Wellness Workers

Areas for Further Development

1. Continued and stable financial investments in the core service

2. Expertise throughout the core service and at all levels

3. Flexibility in transition planning

4. Build on strengths already in place within NWT communities

5. Communicate, communicate, communicate; ongoing consultation with all stakeholders including communities, personnel, Non-Government Organizations (NGO's), Authorities and Leadership.

1. Background Information

Why This Progress Report at this Time?

Addictions and mental health problems remain the greatest problem for people living in the NWT. Concerns have been raised about the use of illegal drugs and the impending social and economic impacts of natural resource development in the NWT. In response to these and other concerns, the Minister of Health and Social Services, in consultation with the Joint Leadership Committee and the Joint Senior Management Committee, determined this is the time to ensure Mental Health and Addiction Services are meeting the needs of the community and funding resources are being spent effectively and efficiently. It is time to look at "where we are and where we are going".

Emerging Issues

The residents of the NWT live in a changing political, social and geo-political environment. Changes to the socio-economic opportunities for NWT residents have already begun with the establishment of diamond mines and work leading up to the Mackenzie Gas Project. These economic changes will continue to have a profound impact on the people of the Northwest Territories for many years.

Drug usage patterns (marijuana, cocaine and possibly crystal methamphetamine) are changing due to improved economics, drug availability, societal acceptance, and media pressures for experimentation. There is an increase in sexually transmitted infections, which are influenced by alcohol and drug usage, especially among younger populations. Other emerging issues that could directly or indirectly affect addictions and mental health are: family violence issues, longer lifespan and older adults with chronic conditions related to addictions, problem gambling, adults living with Fetal Alcohol Spectrum Disorder, self-government, role of residential school healing programs and compensation,

implementation of primary community care teams, use of psychotropic medications and increased regulation of human service providers.

Context of this Interim Report

The Community Counselling Program ("CCP") has been developed by the DHSS to address mental health, addictions and family violence issues and is implemented by Regional Health and Social Service Authorities and NGO's. This Program includes 77 positions at the community and regional levels, and is comprised of three positions: the Community Wellness Worker, the Mental Health and Addictions Counsellor and the Clinical Supervisor.

The Community Wellness Worker provides prevention education and health promotion to all community members, and is often the first contact for clients in community settings. These community-based workers also provide suicide intervention and crisis stabilization in many communities. The Mental Health and Addictions Counsellor provides counseling services to the community and also refers clients to residential treatment programs. The Clinical Supervisor provides clinical and management supervision to the Counsellors and Workers and acts as a resource specialist in the area of addictions, mental health and family violence to the CCP Team and to the Primary Community Care Team ("PCCT").

Many CCP workers are employees of the Authorities, and there are five NGO's that provide counseling services within their communities. Residential treatment services for addictions are offered at Nats'éjéé K'éh in Hay River in most cases; there are times when referrals are made to approved addiction treatment centres south of the NWT through the approval of a centralized committee.

The Terms of Reference for this report indicate that this review should focus on the DHSS, Regional HSSA's and key stakeholders of mental health and addiction services in relation to the 48 recommendations made in the "State of Emergency…" report (2002). Also, political leadership at the Territorial Level provided direction and a broad context for this review.

2. Methodology

Analysis

Semi-structured interviews were conducted between October 30th and December 3rd, 2005. Interviewees identified in the Terms of Reference, included the Minister of Health and Social Services, staff of the DHSS, Authority Chairs and Management staff, Clinical Supervisors, some front line workers and staff from NGO's. Selected DHSS documents were reviewed and additional documents were reviewed based on content provided by interviewees.

A major limitation of this review relates to the fact that site-specific analysis was not possible. The team was tasked with conducting interviews with the individuals set out above. Ideally, the review team would have preferred to review the same sites evaluated in the "State of Emergency…" (2002) report to provide a "before and after" picture. However, it should be recognized that a "before and after" comparison is premature in that some workers are still being hired and trained.

The ethical guidelines for data collection as prescribed by the Canadian Counselling Association and the Canadian Evaluation Society together with consideration for evaluation activities among Aboriginal and other minority groups were followed throughout this review process.

Limitations of Interim Report

The review team is cognizant of a number of limitations in this summary and caution is needed in reviewing this Report. Limitations include:

- Extremely short time frame – six weeks,
- Few quantifiable data were obtained and many could not be cross-referenced for accuracy,
- Discrepancies between DHSS funding parameters with those at Authorities; discrepancies concerning numbers of allocated positions, actual positions, different job titles resulted in the omission of this analysis
- Program implementation is ongoing,
- Effects of organizational culture with respect to changes to key staff positions, political influences, and other emerging HR issues within DHSS and Authority administrative/management systems,
- Little time for steering committee to direct the content of the final report,
- Aboriginal/community context and perspective was extremely limited.

3. Findings: Planning, Implementation and Capacity

This section provides findings on program planning, implementation, capacity, gaps and challenges within the core service, key stakeholder buy-in and satisfaction and an overview of leadership issues as well as recommendations. No one person or group of people is at fault for gaps or weaknesses. Much hard work by many dedicated people has brought the core service of mental health and addictions to this point. The areas outlined below do not fully represent all the successes or future successes and challenges, as work continues on the development of the core service.

System Planning and Readiness for Change

Question: How have we progressed in the planning and design?

Successes

- **Response to "State of Emergency…"** - Financial resources and direction to address mental health, addictions and family violence services resulted in the development of the CCP, a community-based program, which is the core of mental health and addiction services in the NWT.

- **Community Response to "State of Emergency…"** - Communities responded to the direction of the GNWT by taking a look at their role in the delivery of core mental health and addiction services.

- **New Program Standards, Job Descriptions and Competencies** - These were completed in 2003/2004 allowing for the implementation of a consistent service delivery system. Further adjustments will be needed.

- **Integration of Mental Health and Addiction Services** - The integration was strategic in dealing with clients' issues through a holistic and client-centered approach as well as from a financial point of view.

- **Openness to Change** - Communities were open to change that would improve the delivery of mental health and addiction services. The "system" had "hit bottom."

- **Financial Investments** - Increased financial investment has been significant and has largely been directed towards human resources across the NWT within the CCP. A total of $7.1 million dollars has been directed for the 2005-2006 fiscal year for community-based mental health and addictions services. Some interviewees speculated that the GNWT merely put back into the system what was taken out in the mid-1990's.

Areas for Development/Strengthening

- **Continue to Integrate Mental Health and Addictions Services** – Strengthen what has been built, make adjustments where needed, build strong links with the PCCT.

- **Strengthen Financial Investments** - Communities and Authorities are concerned that the new investments are not stable. Assurances are required that financial resources will remain available and additional investments will be available to address complex issues such as poly-drug use, improving expertise and skill in all areas and targeting specific groups that require additional therapeutic services.

- **Equipment/Materials for CCP** - Financial resources are needed for the appropriate equipment and materials so that personnel of the CCP can do their work effectively and efficiently.

- **Communication and Evaluation** - Evaluation and monitoring systems are required for any new program and the best time for developing these systems is during the earliest stages. Persons who are skilled in performance measurement, quality assurance systems and counseling statistics management should be utilized in this venture.

- **Build on Strengths to Re-build the System** - A paradigm shift is necessary to complete the re-building of the system. "We design it, you deliver it" is a counterproductive approach to community-based development processes and self-determination.

Recommendations

- *Stay the Course – Continue to work together with communities, Authorities, DHSS and the GNWT to secure the foundation.*
- *Develop a consistent working group with representation from across the NWT, different disciplines, community personnel, NGO's, Authorities, DHSS and hospital staff.*
- *Maintain financial investments.*
- *Develop an **effective** communications strategy to explain, discuss, get feedback and include ongoing consultation with all stakeholders.*
- *Maintain and strengthen this core service within the ISDM.*
- *Develop systems of continuous monitoring, quality assurance and performance measurement.*
- *Address the issue of equipment and capital needs.*
- *Address funding for operational costs, as required*.

B. System Delivery, Administration and Management

Question: How have we progressed in the transition, implementation and delivery?

Successes

- **New Positions in Core Service** - The new positions in the core service – Community Wellness Worker, Mental Health and Addictions Counsellor and Clinical Supervisor – have good minimum standards of education and training and there is excellent confidence in this complement of positions.

- **Quality of Community Counselling Program** - The quality of the Program is being realized. Clinical supervision has provided much needed emphasis on ethical and safe clinical practice. Some Authorities are using quality improvement measures.

- **Focus on Prevention and Early Intervention** - The new position of Community Wellness Worker is focused on prevention/education and working with the PCCT to empower individuals, families and communities to address mental health and addictions issues.

- **Continuum of Mental Health and Addiction Services** - The implementation of a continuum of mental health and addiction services clearly announces "this core service is here to stay".

Areas for Development/Strengthening

- **Pay Scales** - Improved salaries occurred for the Community Wellness Workers; however, pay levels for Mental Health and Addictions Counsellors and Clinical Supervisors are below industry levels. Much negative bias towards the work that people do in addictions and mental health was heard – "People do not need a degree or that pay…to talk with people who have addictions". A review of pay scales for these positions is absolutely necessary. Appropriate pay levels would assist with recruitment and retention and address risk management in securing appropriate personnel to do the work within ethical parameters.

- **Program Management of the Core Service** - Questions remain about who does what, who makes decisions, who has the final say and who is responsible for program design and delivery. In some instances, there was finger pointing to Regional Authorities and community partners and vice versa toward the DHSS. De-centralizing of expertise, systems and program implementation to Regional Authorities is relatively new and clear systems of accountability, responsibility and guidelines for who does what, when, where and how must be mutually established.

  The most critical and pressing problem facing the GNWT, in its efforts to re-build mental health and addictions services, is that key positions within the organizational structure of program planning, delivery and accountability (DHSS and Authorities) need immediate strengthening, leadership and clinical expertise to lead a focused and respectful approach in dealing with administration, management and accountability issues in the core service.

- **Transition and New Program Implementation** - After three years of implementation, transition problems remain, due to poor communication, a

lack of understanding of the history of mental health services in some communities, and a lack of expertise in dealing with change management and transition planning. A few transition problems ***do not*** amount to a problem with program design and/or a need to lower position credentials.

- **Role of Residential Treatment** - There have been questions regarding the services offered at Nats'éjéé K'éh, the single territorial treatment centre. In recent months, program developments to address drug abuse in clients, as well as improvements in the credentials and skills of staff, have occurred. Leadership and expertise is still needed within the administrative/management structure responsible for the Treatment Centre to address therapeutic issues, program planning, outreach/assessment linkages with communities and communication throughout the NWT of the scope of services offered.

  It may be feasible to have a one-centre approach through the implementation of program flexibility, contracting staff and much improved assessment procedures that are clinically, not crisis, driven.

  It is ***ill advised*** to construct, consider or plan for additional Treatment Centres at this time given the history of closing three centres in the 1990's, the small population of the NWT and the difficulty in securing clinical and addictions expertise.

- **Need for Consistent Working Group, Communication and Evaluation Systems** - Improvements in communications (how, when and where) relating to system delivery are needed. Evaluation must be built in to track changes, rates of implementation, transition and change management. A consistent working group with broad representation and resources is needed to guide and monitor the delivery of this new core service.

Recommendations

- *Continue to work with each community and Authority in a respectful manner to realize quality programming.*
- *Reinforce the importance of minimum standards for all staff, at all levels, working in the core service.*
- *Train DHSS leadership, senior management and new staff regarding the history of mental health and addictions in the NWT, implementation of minimum standards in all core service positions and industry standards of training and education across Canada.*
- *Continue the scope of prevention services and the application of newly acquired training with Community Wellness Workers. Reinforce a broader scope of work for these workers, especially in terms of crisis intervention in small communities, since they have likely already been providing those services.*

- *Support Clinical Supervisors and Regional Program Managers to meet new standards and raise the bar of their own expertise and training to meet the emerging needs of this core service.*
- *Integrate residential treatment services. Work to improve knowledge of treatment services, their part in addiction treatment planning, assessment procedures and client matching for residential treatment.*
- *Address remaining transition issues appropriately and in a timely fashion.*
- *Review pay scales for Mental Health and Addictions Counsellors and Clinical Supervisors.*
- *Address funding for operation costs, evaluation and monitoring tools (standardized instruments), office and reception support, furniture and computer equipment, as required.*

C. System Capacity, Expertise, Application of Knowledge, Skill and Experience

Question: What is the capacity, expertise, application of knowledge, skill and experience of the entire workforce in the core service of addictions, mental health and family violence?

Successes

- **Capacity at the Community Level** - There is increasing capacity from within NWT communities. The workforce in communities is hopeful and looking for further direction to strengthen community counselling services, and the prevention role of Community Wellness Workers.

- **Capacity at the Regional, NGO and Authority Level** - Authorities are also at different stages in the implementation of the CCP, given their developmental timelines and their unique communities.

  NGO's and regional Aboriginal groups are engaging in their own internal processes of review, monitoring and program development.

- **Capacity at the Territorial Level** – Ongoing work in relation to the PCCT and the ISDM will benefit the delivery of mental health and addictions services. The participation of the DHSS mental health and addictions staff in committees, other agencies, and other GNWT departments indicates an expanded role for this team. Professional development opportunities (Conference in January, 2006 and Canadian Association for Suicide Prevention Conference in 2007) are significant steps to increase capacity.

Areas for Development/Strengthening

- **Family Violence Focus** - Family violence issues are common in the NWT and contribute to mental health and addictions problems. It is not clear

where family violence is included in the CCP. This important area must not be lost in the new core service of addictions and mental health.

- **Continue to Develop Capacity in Community Settings (Best use of money and reaches whole NWT)** - Ongoing efforts to empower community-based personnel through improved pay scales, training opportunities, safe, good working conditions and recognition of their work must continue. A broad human resources strategy is needed to staff the CCP throughout the NWT, recognizing that out-of-territory recruitment will be a necessity for many of these positions.

- **Incorporation of Program Standards, Forms, Monitoring Systems** - Different Authorities and CCP's are at different stages of implementation of the CCP; it is important to encourage and respect this natural progression of the CCP. With respect to the new standards, assistance is needed to ensure minimum target levels of service are attained. Authorities and CCP's, through the Clinical Supervisors, could network to share experience and expertise with monitoring systems and use of clinical forms.

- **Expertise and Capacity at Territorial Level** - Overall guidance at the Territorial level, is fragmented and lacking consistency in approach, direction and liaison with the regions and communities. Good, hardworking and well-meaning people are doing the work of many without the required leadership, teamwork, expert guidance and timeframes to secure that expertise and work effectively throughout the NWT.

- **Expertise, Study and Consultation** - Children and youth were a consistent topic in all the interviews. One point was clear – community-based solutions within a family focus are much preferred to residential, out-of-territory solutions. The history of taking away Aboriginal children and youth is similar to the experiences of residential school. As well, children and youth problems are rarely separated from issues of family, community and culture. However, a very small number of youth will require residential treatment. ***No new child and youth treatment facilities should be built at this time.*** A broad study of the relevant issues, including a review of past efforts and ongoing continuous dialogue with all Aboriginal groups and relevant stakeholders, is required to work out what systems, services and resources are needed to address child and youth services within addiction and mental health services.

Recommendations

- *Work with Aurora College to create a transferable two year Diploma Program to meet the needs of Community Wellness Workers, Mental Health Counsellors and possibly other human service workers in the NWT.*

- *Maintain and improve standards for the skills and training required for **all** individuals who work with mental health and addictions issues.*
- *Continue to educate staff regarding program standards.*
- *Develop standards for the skills, knowledge and competencies required for all PCCT members, to include mental health and addictions issues.*
- *Continue to plan for specialty services for children and youth, ensuring they are provided in the context of families and communities in the NWT.*
- *Form partnerships with schools, Boards of Education and other GNWT Departments to address prevention and early intervention with children and youth.*
- *Encourage young people in the NWT to work in the area of mental health and addictions services. Develop a Northern human services work force.*

D. Gaps, Barriers and Challenges

Question: What are the current gaps and challenges in mental health and addictions services in the NWT?

Gaps

- **Medical/Nursing Advisory Group** - Nursing and medical employees are consistent health care providers in the NWT and therefore these PCCT members should be involved in the design, planning and implementation of the mental health and addictions core service. Since many of these medical staff are on a "contracted basis", it is paramount to have a medical/nursing advisory group to contribute to this core service.

- **Withdrawal Management (Social and Medical)** - There are several places for clients to receive withdrawal management support, mainly in Yellowknife. While efforts were made to propose a new, more formal Withdrawal Management Service at Stanton Hospital, this did not happen due to communication, consultation and perhaps bias issues. Study and consultation with all stakeholders and experts in the field are needed to address WMS within the ISDM.

- **Supportive Living/Chronic Mental Health and Addictions** - The number of clients in the social support system that require supportive living, income support and psychiatric support is unknown. Within the new CCP, addressing the needs of those with chronic addictions and mental health disorders from a small community perspective is limited. Programs such as New Horizons in Yellowknife provide services to clients who require supportive living environments. However, many chronic dependent clients, especially in the communities, fall through the cracks. Addressing the needs of this small number of NWT residents is important and potentially more cost effective if dealt with sooner rather than later.

- **Consumer and Family Initiatives** - Self-help and support programs can provide a necessary support system and are generally cost effective, requiring minimal space and materials. Further work with the Community Wellness Workers to develop support networks is necessary, with full recognition that each community must tailor these groups to their needs.

- **Centralized Assessment and Treatment Planning** - A gap in clinical assessment and treatment planning (including addressing symptoms, client motivation, medical workups and ongoing support) was identified. A lack of expert clinical assessment can contribute to the reasons why clients fail to get better, complete treatment, take medications and cycle back into "old behaviours". These assessment services are more important now given the increasing complexity of clients with mental health, addictions and related health issues.

- **Housing and Emergency Shelters** - While housing and emergency shelters are beyond the scope of this report, these issues are a significant gap in available services for those dealing with mental health and addictions issues.

- **NWT Evaluation and Research on Mental Health and Addictions** - The NWT is unique in many ways; however, program evaluation and relevant research is often transplanted from across North America. Other jurisdictions engage in evaluative and scholarly research initiatives to better guide service delivery. "Made in the NWT" evaluative processes and relevant research are needed.

Challenges

- **Crisis Management** - Many NWT communities have their own community-based crisis management approach and arguably are pretty good at it. They often lack supports after the first 12 – 24 hours due to limited numbers of volunteers and human service workers. In larger centres, crisis management is more challenging with a reliance on emergency services such as the RCMP, Fire Department and Emergency Rooms. There is a perception in Yellowknife that a territorial-wide crisis intervention program is needed. There was ***no evidence*** for this during the review, with the exception of Yellowknife.

- **Dealing with Staff Turnover and Vacancies** - Staff turnover is a reality in any work environment, but in the human service area in the GNWT, the average stay is 1.8 years. This problem is also evident in management positions in the DHSS and Authorities. Staff turnover, among other things, results in the loss of historical background in how services have been delivered and the development of those services.

Recommendations

- *Further in-depth study and extensive consultation is needed with respect to withdrawal management services.*
- *Develop an addiction medicine advisory group with possible assistance from out-of-territory addictions medicine specialists.*
- *Consider developing a mobile assessment service to serve small, isolated areas either through tele-health, regional locations or a mobile structure that could target children, youth and families.*
- *Develop multi-disciplinary assessment processes.*
- *Accountability activities need to be incorporated in the core service.*
- *Establish NWT research projects regarding program effectiveness, outcome monitoring and cost effectiveness.*
- *Strong leadership and excellent expertise is needed to manage, analyze and report on the process, outcome and cost-effectiveness measures of the core service.*

E. Key Stakeholder Buy-in and Satisfaction

Question: Is the mental health and addiction core service addressing the needs of the community?

Successes

- **General Acceptance and Buy-In of Core Service** - There is good acceptance of the new core services and its financial investments. The acceptance is strongest with the DHSS and Authorities and less so in communities and within Aboriginal organizations. While there remain some vacant positions, this does not in any way reflect the buy-in of stakeholders. In fact, vacancy rates for this core service are below vacancy levels for NWT social work and nursing.

- **Rapid Implementation of New Core Service Personnel** - The acceptance of the new core service was aided by the rapid implementation of the new positions, the direct appointments from existing positions, and training opportunities for Community Wellness Workers. However, the consequences of these actions also resulted in less acceptance by some communities and Aboriginal groups. These issues can now be addressed more fully and respectfully.

Areas for Development/Strengthening

- **Aboriginal Input, Monitoring and Involvement in Every Step** - Approximately one half of NWT residents are of Aboriginal ancestry. Many of the most challenging problems are related to providing services in Aboriginal communities. Collaborative and direct involvement of Aboriginal

communities in designing, delivering and monitoring ongoing program developments ***is of critical importance.***

A paradigm shift is needed to embrace a community-based mental health and addictions service. This requires a shift in attitudes, less emphasis on "roll out" and "fix later" approaches, resources for an NWT working group, internal cross-cultural awareness training and circular type consultation.

Now is a good time to reconsider how Aboriginal groups are included in the ongoing design, implementation and monitoring of this new core service. Consulting with Regional Authorities and a few clinicians is not sufficient to guide the development of a core service such as mental health and addictions.

- **Traditional and Cultural Practices** - Some communities are integrating traditional and non-medical practices in their community-based counseling programs. However, there is much debate around this approach. Limitations for inclusion are cited due to insufficient regulation of the practice, financial limitations, and even overt dismissal of the place of traditional and cultural practices in mental health and addictions services.

  These practices are poorly understood in a westernized medical model of mental health and addictions services. However, it is known that "people turn to their traditions and cultures when they are struggling in life, whether they are Aboriginal or from other cultural groups".

  Traditional and cultural approaches to wellness must be taken into account, including holistic, integrated, community-based and culturally relevant service planning, delivery and less conventional approaches to prevention and early intervention.

Recommendations

- *The DHSS and Regional Authorities need to fully realize Aboriginal organizations as equal partners.*
- *The DHSS and Regional Authorities need to be knowledgeable and open to the use of traditional and cultural practices as part of an approach to address mental health and addictions issues.*

F. Leadership, Guidance and Overall Direction for Entire Core Service of Mental Health and Addictions

Question: What is the impact of leadership on the decisions for what becomes a priority action item and hence what portions of the design and delivery are funded? Are the right people/leadership involved?

Successes

- **People Talking about their Program Concerns in Public** - Throughout the implementation of the new core service, and currently, community members, leaders and other relevant stakeholders are discussing concerns they have regarding the new core service. These issues relate mainly to job security for affected workers, and transition issues. These public discussions are an important part of an open system of dialogue, public access to elected Members of the Legislative Assembly and an accountability measure for Health and Social Services in the NWT.

- **Efforts to Address Staffing in the DHSS** - There have been many changes within the DHSS staffing mix in the last three years, including delegation of program management functions, responsibility for training Community Wellness Workers, PCCT development and Child and Youth priorities. Leadership issues have arisen from within and from the outside in terms of consistency, expertise and management.

Areas for Development/Strengthening

- **Strengthening of Mental Health and Addictions Leadership** - Accountability is required to ensure the efficient use of resources, proper and due process and the integration of services within broad health and social services mandates. Leadership is public, complex and very important. Ideally, leadership should come from the people and communities for program development. Decision-making by one person or level of government alone is not consistent with community-based programming, nor is it consistent with a team approach (PCCT).

4. Findings: Summary of "Interim Report Card"

Following is a summary of the review of the 48 recommendations from "A State of Emergency…"(2002). A qualitative process was designed to review the implementation of the 48 recommendations, modeled after the work done in "A State of Emergency…" Most areas of the core service of mental health and addictions are included in these recommendations.

Overall, the Interim Report Card was a ***good one***. It is important to consider the timeline in the development and implementation of the core service. In just three

years, many changes and improvements were noted. Not all areas of the core service could or should be developed in a short period of time.

It needs to be noted that the ratings given in this Interim Report Card are those of the evaluation team of Chalmers & Associates Consulting Ltd. and do not represent ratings by interviewees, the DHSS, Regional Authorities or communities. They serve as a measurement for quality improvement only.

Administration and Management Recommendations (2002)

Recommendation (2002)	Subject of Recommendation	Effort	Interim Result
1	Integrated Mental Health and Addictions Services	A	B
2	Definition of Addictions	C	UE
3	Expertise	B	C
4	Quality of Community Addictions Programs	A	IP
5	Physical Building Accessibility	UE	UE
6	Future Facility Development	A	UE
7	Space and Equipment	B	IP
8	Minimum Standards for Education and Training	A	B
9	Prevention Positions	A	A
10	Need to Develop Aurora College Program	A	B
11	Addiction Treatment Referral	A	B

Assessment	Description
A	Very Good; continue to nurture and support
B	Good and could use improvement
C	Needs improvement
IP	In Progress
UE	Unable to evaluate at this time – due to insufficient data, time for evaluation and/or not being addressed at this time.

Treatment and Program Effectiveness

Recommendation (2002)	Subject of Recommendation	Effort	Interim Result
12	Funding for Addictions	A	IP
13	Cost Effectiveness	UE	UE
14	Funding Partnerships with GNWT	UE	UE
15	Approval process for residential treatment	A	C
16	Confidentiality and Treatment Referral	A	B
17	Regional Staff	UE	UE
18	Accessibility to Services	A	B
19	Administrative Demands	C	C
20	Credentials of Mental Health and Addictions	A	B
21	Setting Standards	A	C
22	Team Building with Health Care Professionals	A	IP
23	Authorities' Responsiveness	A	UE
24	Replacing of NWT Addictions Handbook	A	B
25	Consultation to develop standards	C	C
26	Tools and Documentation	UE	UE
27	Withdrawal Management	C	C
28	Balance of Withdrawal Management across NWT	UE	UE
29	Consistent Services across NWT	IP	IP
30	Future of Mobile Treatment	UE	UE
31	Defining Mobile Services	UE	UE
32	Review of Mobile Treatment Resources	UE	UE
33	Assessment of Youth and Treatment	IP	IP
34	New DHSS Position to Address Youth	C	C
35	Consultation for Standards for Youth in Crisis	IP	IP
36	Follow-up Programming	UE	UE
37	Family Programming	UE	UE

Assessment	**Description**
A	Very Good; continue to nurture and support
B	Good and could use improvement
C	Needs improvement
IP	In Progress
UE	Unable to evaluate at this time – due to insufficient data, time for evaluation and/or not being addressed at this time.

Structure, Systems and Linkages

Recommendation (2002)	Subject of Recommendation	Effort	Interim Result
38	Performance Indicators	B	C
39	Communication with Communities	C	C
40	ISDM Training in Mental Health and Addictions	UE	UE
41	Transition Team	B	IP
42	Partnership with Aboriginal Groups	UE	UE
43	Territorial Treatment Centre	B	IP
44	Areas to Address with Treatment Centre	A	IP
45	Representations and Changes to Delivery of Programs	B	UE
46	Traditional and Cultural Practices	C	C
47 & 48	Building on Strengths and DHSS and Authorities Working Together to Re-build the System	B	B

Assessment	Description
A	Very Good; continue to nurture and support
B	Good and could use improvement
C	Needs improvement
IP	In Progress
UE	Unable to evaluate at this time – due to insufficient data, time for evaluation and/or not being addressed at this time.

5. Findings: Emerging Issues

Emerging Issues

Question: What are emerging issues that may impact the delivery and design of mental health and addiction services?

Areas for Development/Strengthening

- **Recognition of a Changing Environment** - Emerging issues in the NWT will require program planning and development. The GNWT, DHSS, Regional Authorities and Communities are responsible for providing timely and necessary services in the area of mental health and addictions. Improved expertise may be required to deal with emerging issues that are not part of the service at this point.

- **Response to Community Concerns about Drug Usage Patterns** - The GNWT is to be commended for its response to concerns regarding drug usage, drug abuse/dependence and poly-drug use. National attention has been directed toward the drug, crystal methamphetamine, which is not a new drug, but has become more readily available. However, cocaine, crack cocaine and marijuana are more commonplace in the NWT.

- **Industry and Addictions & Mental Health** - Addictions and mental health issues cause direct and indirect problems for NWT employers through lost wages, safety issues and being unable to fulfill required quotas for Northern workers. As more choices become available for Northern workers, the issue of mental health and addictions may become prevalent.

- **Impact of Mackenzie Gas Project** - As this report is written, negotiations are ongoing to bring to reality the Mackenzie Gas Pipeline. Representation from the Inuvialuit, Gwich'in, Kahsho Got'ine District, Tulitat/Deline Region and the Deh Cho together with the Federal and Territorial Governments will determine how federal socio-economic impact dollars are spent. This is an opportune time for Government, Industry and Aboriginal Organizations to work together.

- **Aging Population** - As the lifespan of NWT residents increases, addictions and mental health issues relating to the aging adult will become more prevalent (depression, suicide, gambling and dementia). Specific approaches will be required to deal with those issues.

A number of recommendations are listed at the end of this summary report that address these emerging issues.

6. Final Comments from the Review Team: Moving Forward

The passion and devotion dedicated to addressing mental health, addictions and family violence problems is limitless across the Territories; however, this passion needs to be directed within the context of providing quality, effective and community-based services to all residents of the Northwest Territories. Six major themes characterize what is needed within the core service of mental health and addiction services.

Keep It Simple - The CCP is the "roots and trunk of the system". It is the strength of the mental health and addictions services in the Northwest Territories. All mental health and addictions services must fit together in a community-based approach that is respectful of all values and perspectives. Keep It Simple!

Easy Does It - New government initiatives are often driven by crisis-type management, planning and reaction to isolated occurrences. Strong, effective and skilled leadership in the field of mental health and addictions is urgently needed to guide decision making, enhance and secure work completed and to bring credibility to the new core service within a changing health care delivery system.

Re-use and Recycle - It is critical to review old approaches to addictions and mental health and re-use, where indicated, community based approaches already proven to be effective and accepted in communities. A look to the history of mental health and addiction services in the NWT can provide guidance for particular issues and avoid repetition of previous mistakes. Building on community strengths is a must!

Consider the Context of the NWT - The geographic/demographic nature of the NWT must be considered when developing, implementing and monitoring mental health and addiction services. This includes consideration of who the client is and developing programs relevant to their perspectives, histories and social and economic realities.

Communicate, Communicate, Communicate - Ongoing success of the new core service will depend on effective, timely and community-based communication systems that are inclusive and respectful of community needs.

Quality is not a Luxury, but a Necessity….- Continued attention to standards for all personnel in the system, including policy and administrative/management positions, community workers and others, is critical to providing effective mental health and addiction services.

Setting Priorities for Future Action

In 2002, the overall conclusion was that the Community Addiction Programs needed re-designing and re-building. To date, at the end of 2005, much has been done to effect major change and development in the delivery of mental health and addiction services. And these are good first steps.

> "At this point, several critical areas require dedicated and timely efforts to bring forth the next stages of implementation to secure a qualified, effective and community-based core service of mental health and addictions. **Without due attention** to these critical areas, much of the past efforts and investments in the system will be lost.
>
> Develop, engage and secure broad, clinical and community-based **expertise** at the policy, program development and management levels of the core service of mental health and addictions.

Develop ***effective*** communication systems that reach regional Authorities, employees, NGO's and communities regarding the core service of mental health and addiction services.

Strengthen the work done to build the Community Counselling Program as part of the Primary Community Care Team to respond to the emerging new realities in addictions and mental health in the NWT.

Secure financial investments for the core service, both in the long and short term. More investments will be needed in the years to come to complete the job of re-building the system, especially in the area of residential treatment, child and youth, as well as securing an expert workforce from top to bottom.

Now is the time to review what has been done, improve areas that need improvement, seek out relevant expertise in mental health and addictions and continue to strengthen what has been built. The re-building has begun…

The Review Team:

Dr. Jennifer Chalmers, Liz Cayen, Dr. Cheryl Bradbury and Sharon Snowshoe

Attachment 1- Summary of Recommendations

A. Ongoing Recommendations

1. "Stay the course..." Continue to work together with communities, Authorities, and the Government of the Northwest Territories, and the Department of Health and Social Services to secure the foundation.

2. Develop and provide sufficient resources for a consistent working group of representation from across the NWT, different disciplines, community level personnel, NGO's, Authorities and DHSS and hospital staff to advise, direct and provide the content for the DHSS to proceed.

3. Maintain funding investments in mental health and addictions to secure the foundation that has been built in communities across the NWT, with emphasis on human resources, developing expertise and CCP's.

4. Continue to work with each community and each Authority to realize quality programming, while ensuring there is flexibility and transition planning over time. Avoid inflexibility and rigid planning that alienates communities and disregards community ownership and histories.

5. Reinforce the importance of minimum standards for **all** staff working within the core service of mental health and addiction services in the NWT.

6. Training of DHSS leadership, senior management and newcomers to the department is needed regarding the history of addictions and mental health in the NWT, the implementation of minimum standards in community counselling positions and industry standards of training and education across Canada.

7. Keep working on the scope of prevention services and the application of learning for the Community Wellness Workers across the NWT. Reinforce a broader scope of services for these workers, especially in terms of crisis intervention in small and remote communities, where there are limited resource persons and where they have already been providing these services.

8. Work with Aurora College to create a transferable, two year Diploma Program that can meet the needs of Community Wellness Workers, Mental Health Counsellors and possibly other human service areas in the NWT such as Justice, Social Work, and Early Childhood Services.

9. Support clinical supervisors and regional program managers to meet the new standards, provide quality and evidence-based services and to raise

the bar of their own expertise and training to meet the emerging needs in addictions and mental health in the NWT.

10. Work to integrate residential treatment services, both in the NWT and out-of-territory services into the scope and continuum of mental health and addiction services. Work to improve knowledge of residential treatment services, their part in addiction treatment planning, assessment procedures and client matching for residential treatment.

11. An effective communications strategy is needed for the mental health and addictions core service in the NWT to explain, discuss, get feedback and include ongoing consultation with all stakeholders (community workers, leaders, clients, regional Authority staff, NGO's, hospitals, treatment centres and the DHSS).

12. Maintain and strengthen mental health and addiction services as a core service within the ISDM. Provide direction, management support, expertise and financial resources to this core service throughout the NWT.

13. Continue to work on maintaining and improving the standards for the skills, education and training needed for all NWT positions that work with mental health and addictions, including staff in the community, Authority, DHSS, NGO's and medical/nursing staff.

14. Develop systems of continuous monitoring, quality assurance and performance measurement for all mental health and addiction services. Tailor timelines and approaches to services based on their stage of implementation and development.

15. Continue to educate all mental health and addictions core service workers of the program standards, their use, purpose and place in the CCP.

16. Further study and consultation is needed with all groups of health care providers and community workers in the NWT with respect to withdrawal management services to reflect community needs, best practices and availability of resources within local, regional and territorial health and social services facilities.

17. Planning, study and consultation are required to proceed with specialty services for children and youth. It is recommended that children/youth services be enhanced within the context of families and communities in the NWT, and therefore integrated with core mental health and addiction services in the immediate future and over the next three to five years.

18. Transition issues remain and need to be addressed appropriately, in a timely manner, and in consideration of community histories, context and stage of development of core mental health and addiction services.

19. The Department of Health and Social Services and the Authorities need to fully recognize Aboriginal organizations as equal partners in dealing with mental health, addiction and family violence services.

20. The Department of Health and Social Services and Authorities need to be knowledgeable and open to the incorporation of traditional and cultural practices as part of an approach taken to addressing mental health and addiction services. This involves respect and understanding of the place of traditional and cultural practices for all people across the NWT when addressing mental health issues.

21. A major shift in perspective and approach is needed that emphasizes a working together of individuals, families, communities and government structures. Approaches that support a top down ("we design it, and you deliver it") perspective are counter-productive to community-based programs. A circular system of teamwork and supportive consultation is needed to continue with program design, delivery and monitoring systems of mental health and addictions services across the NWT.

B. In the next 12 months…

22. Work with communities, Authorities and PCCT members to define, outline and summarize what mental health and addictions in the NWT can be addressed in the core service of mental health and addictions. This planning work will assist with all levels of program development, implementation, human resource management, training and prevention.

23. Continue to work on developing standards for the skills, knowledge and competencies needed for all PCCT members, including nurses, physicians and all those working in health and social services delivery.

24. The DHSS, Authorities and communities need to address the issue of equipment and capital needs, community by community. An emphasis on flexibility and adaptability by each Authority, and within each community is necessary for the efficient use of equipment and available resources.

25. Review job descriptions/pay scales for Mental Health/Addiction Counsellors and Clinical Supervisors for pay equity across the NWT, in comparison with other professions (teachers, social workers, psychologists, nurses…) and in consideration of Canadian equivalencies.

26. Address funding for operational costs, evaluation/monitoring tools (standardized instruments), office/reception support, furniture and computer equipment, where needed.

27. Consider a pilot year of the program standards, and get constructive feedback from front-line Mental Health and Addictions Counselors as to their effectiveness and what changes are needed for this document.

C. In the next 1 to 2 years

28. Partnerships need to be formed with schools, Boards of Education and the Departments of Education, Culture and Employment and Justice to further mental health and addiction services, especially with respect to prevention and early intervention with children and youth.

29. Consider developing an addiction medicine advisory group/committee with possible assistance from out-of-territory specialists in addiction medicine, who can contribute to the distinct medical processes involved in mental health and addiction services. This group would be a critical part of any Withdrawal Management System (WMS) that involved hospital services.

30. Consider the development of a mobile assessment service that could serve small and isolated areas, either through tele-health, regional locations or through a mobile structure. This may be a service targeting children, youth and families.

31. Develop multi-disciplinary assessment processes that are inclusive of child and youth priorities and within a family and community context.

32. Accountability activities such as continuous monitoring, quality assurance and effectiveness monitoring need to be incorporated throughout the core service of mental health and addiction services.

D. In the next 3 to 5 years

33. Look at a long-term plan, community by community, to address space, location and future of the PCCT inclusive of mental health and addiction services.

34. Establish NWT research projects in the areas of program effectiveness, outcome monitoring, and cost effectiveness for mental health and addiction services.

35. Leadership and expertise are needed to manage, analyze and report on process, outcome and cost-effectiveness measures of this core service.

E. In the next 5 to10 years (System Wide in Department of Health and Social Services)

36. Consider co-location of PCCT services, where possible, in communities where capital planning may include the renovation or construction of new health and social services facilities or Health Centres.

37. Human resource planning is needed to encourage young people in the NWT to work in the mental health, addictions and family violence core services. Work with Education, Culture and Employment to encourage a Northern workforce in these human services, and consider the implications of competition for Northern workers in the human services.

F. Recommendations Regarding Emerging Issues in the NWT

Drugs (Approach to address the consequences of using illegal drugs)

a) Early intervention – building healthy families. (Ongoing)

b) Healthy children, social skills, healthy relationships and bodies, stay in school focus. (Ongoing)

c) Educate of dangers of drug use and early intervention. (Ongoing)

d) Strengthen CCP - harm reduction, assessment for drugs, early support, treatment specific strategies etc. (1 to 2 years)

e) Treatment, if needed, including withdrawal management (Ongoing)

f) Train/educate Northern workforce – all involved in core service of mental health, addictions and family violence. (within 1 to 2 years)

g) Residential treatment in NWT to address less complicated cases, where drug usage is experimentation/ infrequent usage (Ongoing)

h) Complex cases involving medical, poly-drug use, where specialized and/or longer term (beyond 40 days) residential treatment is needed should be referred to out-of-territory facilities. (Ongoing)

i) Further study is needed to more fully document usage levels, degree of usage, experimentation, methods of usage, and poly-drug abuse, prior to additional (In the next 1 to 2 years)

Industry

1. Specifically, industry would benefit from counselling strategies that incorporate structured relapse prevention, solution-focused methods, brief counseling and maintenance strategies. Suggested timeline: 1 to 2 years

2. Research with industry the nature of the problem – is it industry-specific? Is it location-specific? Is there a gender difference? Financial planning issues? Are there marriage/family problems? Relationship issues? Planning for individuals and families and going away to remote work places? Suggested timeline: 1 to 2 years

3. Help industry develop gender specific prevention and intervention services prior to employment. Suggested timeline: 1 to 2 years

4. There is a need to have Mental Health and Addictions Counsellors and Clinical Supervisors with expertise in marriage/family counseling and specific counselling modalities to work with industry. Also, there is a need to have resource persons to assist with policy and program supports that consider the needs of industry. Suggested timeline: 1 to 2 years

Mackenzie Gas Project

1. The DHSS and the Authorities in the affected areas of the MGP need to educate themselves generally in terms of the Project and the potential impact on Health and Social Services with regard to geographical areas and Aboriginal groups. Suggested timeline: within 6 months

2. The DHSS and the Authorities need to fully recognize Aboriginal organizations as equal partners in dealing with the social impacts of the MGP. Suggested timeline: within 6 – 12 months

3. The capacity to respond to the potential impacts need to be community-based and built on what is already there. The capacity needs to be built at the community level in order to respond to the socio-economic impacts in a culturally respectful manner. Suggested timeline: within 6 – 12 months

Aging Population

1. As the lifespan of NWT residents increases, addictions and mental health issues may become more prominent in that age group. Depression, suicide, addiction to alcohol and gambling, and dementia are inclusive of the problems that this population could face. Educate the PCCT in regard to the distinctive mental health and addictions needs (assessment and treatment) of older adults. Suggested timeline: within 5 – 10 years