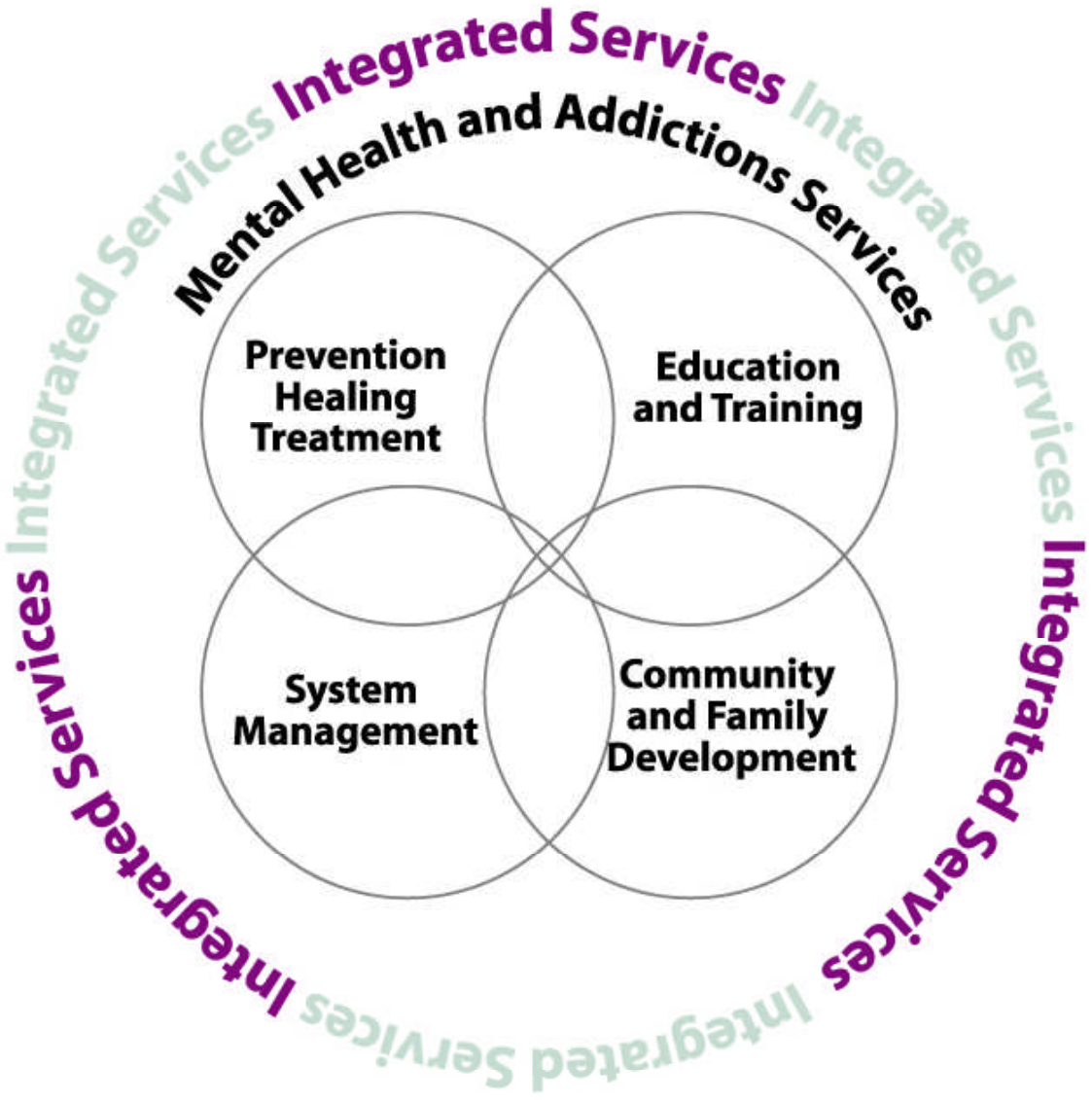

Framework for Action

Framework for Action

Mental Health and Addictions Services

Northwest Territories Health and Social Services

June 2004

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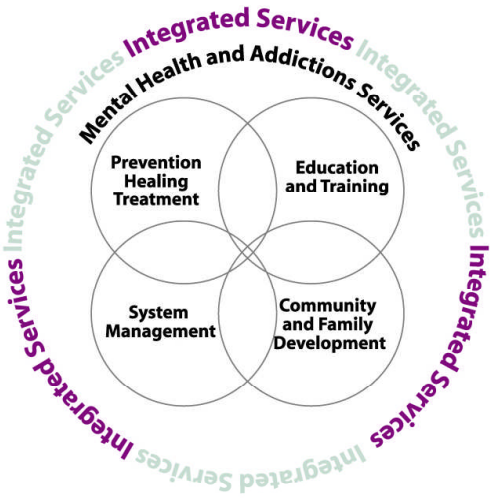


Introduction

People in the Northwest Territories have a deep appreciation for wellness and have much strength to draw from in the promotion of wellness for all our residents. We have strong traditions of culture and community, skilled caregivers, dedicated governments at all levels, and people working hard to make positive changes in themselves, their families and their communities.

Unfortunately, despite all of our strengths, we are faced with the absence of wellness everyday, in ourselves or in the people around us. Many people are struggling with issues such as addictions, abuse, depression and suicide, just to name a few, and often in some combination.

Today, northerners are becoming more interested in talking about the root causes of these issues, which can be understood as ways of dealing with the pain of past trauma and losses. Increasingly, people are asking for additional resources and services, and demanding services that are more effective, and more helpful. Presently, Government resources and caregivers are stretched to the limit. We therefore need to improve the current system.

The ***Framework for Action for Mental Health and Addictions Services*** provides the Department of Health and Social Services with a vision and framework for improving wellness services. It addresses three critical Northern problems:

- Addictions (including drugs, alcohol, inhalants, gambling)
- Poor Mental Health (including mental illness and suicide)
- Family Violence (including all forms of abuse)

Magnitude of the Problem: Key Facts in the NWT

- Mental Illness is a major cost driver in the NWT. Approximately 8,800 people are estimated to have mental disorders that effect their daily functioning (emotions, work, family, health and safety). (Hylton, 1998).
- The NWT suicide rate is 2 times the national average. In small communities, one suicide or traumatic death has serious impact on almost all members (Department of Health and Social Services, 2002).
- The number of clients and complexity of cases is predicted to increase significantly. Hylton (1998) estimated an increase in services demand in the NWT by 50% over the next 10 years.
- Heavy alcohol use (consuming 5 or more drinks more than once a week) is 3 times the Canadian national average. (1995 NWT Alcohol and Drug Abuse Survey, NWT Bureau of Statistics)
- Solvent abuse is 6 times the Canadian National average. (1995 NWT Alcohol and Drug Abuse Survey, NWT Bureau of Statistics)
- Between 1996 and 2002 the rates of alcohol, marijuana and gambling increased (2002 NWT Alcohol and Drug Survey, NWT Bureau of Statistics)
- 82% of people in the NWT gambled in the last 12 months (2002 NWT Alcohol and Drug Survey, NWT Bureau of Statistics)
- 15% of women report drinking alcohol while pregnant. (2002 NWT Alcohol and Drug Survey, NWT Bureau of Statistics)
- Many of these women report traumatic events in their life for which they continue to search for appropriate help. (NWT Status of Women Council, 1995)
- 79% of aboriginal children in care in the first 6 months of 2003, were from homes where their parent(s) or caregiver(s) had addiction issues.(DHSS CFIS, 2003).
- Family Violence safe shelter admissions are 5 times the national average. Of those people needing safe shelters, over 50% are children.
- 23% of aboriginal children in care in the first 6 months of 2003, had experienced violence in the family
- 22 residential schools operated in the NWT from 1867 to 1997. Social, family, legal and treatment costs for those who experienced abuse are significant.
- The cost of NOT addressing trauma, substance abuse, and mental illness in the NWT can be measured by years of life lost, the inability to protect and nurture healthy children, take advantage of economic opportunities, and build social capital.

Rationale

Wellness has been identified as a priority for many years. *Working Together for Community Wellness* (1995), *Mental Health Needs Assessment* (2001) and the Social Agenda Conference (2001) provided forums for discussion on how people could be assisted on their journey toward wellness.

In 2000, the 14th Legislative Assembly of the NWT identified the importance of self-reliant individuals, families and communities who can take an active part in improving social well-being (*Toward a Better Tomorrow*, 2000). To do so, the Assembly poised to take advantage of resource revenue and job opportunities, but noted that it would first require a mentally healthy and well-balanced population.

In May of 2001, the Department produced a consultation document entitled, *Working Together for Community Wellness: A Draft Strategy for Addictions, Mental Health and Family Violence*. Five key areas were identified as critical components to wellness reform:

- Prevention, Healing and Treatment,
- Education and Training,
- Community and Family Development,
- System Management, and
- Integrated Services

These five areas built upon foundational concepts illustrated in the 1995 Community Wellness document, Best Practices research, and public feedback. The Department requested feedback on the draft document to help shape the priority areas that we would proceed with in the Framework for Action and Work Plan documents.

The *State of Emergency* Report (2002) indicated the serious challenges faced by community addictions workers. The report called for significant changes to the system of client services and support to staff.

It was evident in the public feedback that items such as prevention; services for families and children; education and training; support for more self-help and support groups; placing importance on community involvement and resources; more funding; and a better integrated system were some key areas of priority for communities and Authorities.

Feedback also strongly suggested that the Action Plan should include a more holistic approach to wellness rather than limiting itself to addictions, mental health and family violence. Issues such as spirituality, fitness, nutrition, culture, and community wellness plans were listed as important components in achieving community wellness. Because this Framework for Action addresses the role of the Department of Health and Social Services, in conjunction with our service delivery agents – the Health and Social Services Authorities, it is impractical to fully address these holistic issues. Essentially, this Framework is not meant to replace community or regional plans, but should unfold in collaboration with Authorities, NGOs and communities.

Addictions, Mental Health and Family Violence are complex issues that are not only inter-connected but also symptomatic of deeper, root causes that can stem from systemic or biological problems, e.g. residential school abuses, trauma, violence, mental illness. When the client or the family identifies that they require assistance with their issues they are faced with having to not only identify the "problem" but then decide "who to talk to" about their problems. The Department's Integrated Service Delivery Model (ISDM, 2003) outlines ways in which services will be coordinated and delivered to support people in a holistic way.

What are integrated services?

The **Integrated Service Delivery Model** (ISDM) is a team based, client-focused approach to provide health and social services. Integration and collaboration are the heart of ISDM. To integrate means to bring parts together into a whole. Health and social service care becomes a single, seamless service. To collaborate means caregivers work together, but maintain their distinct, independent practices.

The ISDM combines 3 key elements:

1. Use a primary community care approach.
2. Ensure all caregivers and their organizations are connected and work together.
3. Describe and strengthen core services.

What is the primary community care approach?

Primary community care brings together people who **need** help with people who **provide** help. Services are as close to the client as possible. The client is the focus.

Link with Primary Community Care:

Mental health problems do not exist in isolation. Many clients find themselves working with a variety of caregivers to get the treatment they require. Through the Integrated Service Delivery Model, community service providers will function as members of the Primary Community Care (PCC) Team. These team members will be employees of a common authority or NGO, and will work with shared policies, information systems, and confidentiality guidelines. In addition, many key helpers exist in communities. The PCC team will link with natural helping networks such as informal community caregivers, volunteers, and elders to preserve community culture and strength.

People in the NWT will be able to access four different, but connected, levels of professional support:

1. Education and Prevention at the community level
2. Therapeutic Counselling, Home and Community Care, Psychiatric Services and Crisis Supports at the community and/or regional level
3. Specialized Teams/Services and Clinical Supervision at the regional level
4. Specialized Hospital and Residential Treatment at the territorial level.

People are working toward wellness. They have requested better services and systems through which to achieve their goal of wellness. The Framework for Action is designed to support a vision, promote an integrated service delivery model and suggest a continuum of programs, services and initiatives. These programs will be available to all NWT residents. In addition, reform will address:

- Integration/coordination of addictions, mental health and family violence services
- Case management
- People's access to quality services

The Department has developed the *Framework for Action* for *Mental Health and Addictions Services* in response to the challenges of sustaining healthy families and healthy individuals as well as producing a system that supports an integrated approach to wellness but also respects the individuals right to exercise personal responsibility.

The Department of Health and Social Services is the primary department responsible for addictions, mental health and family violence services. To ensure that this Framework for Action is congruent with strategic directions and recommendations with respect to wellness, the Department has reviewed *Shaping Our Future: A Strategic Plan for Health and Wellness* (1998), as well as other key strategies and developing documents, such as:

- *Health and Social Services Action Plan,*
- *Health Promotion Strategy,*
- *Children Services Action Plan,*
- *Continuing Care Framework,*
- *Early Childhood Development Action Plan*
- *Disability Framework*
- *Community and Regional Wellness Plans*
- *Towards a Better Tomorrow*
- *Social Agenda*

The directions provided in these foundational documents, along with public consultation, and the review of relevant strategies, have resulted in this Framework for Action.

Vision

People will be supported to live balanced lives by promoting, protecting, and restoring their mental well being. (ISDM, 2003)

Principles

The Framework is designed to support public consultation through the development of a range of programs, services and initiatives that will be implemented according to the principles set out in *Shaping Our Future: A Strategic Plan for Health and Wellness* (1998):

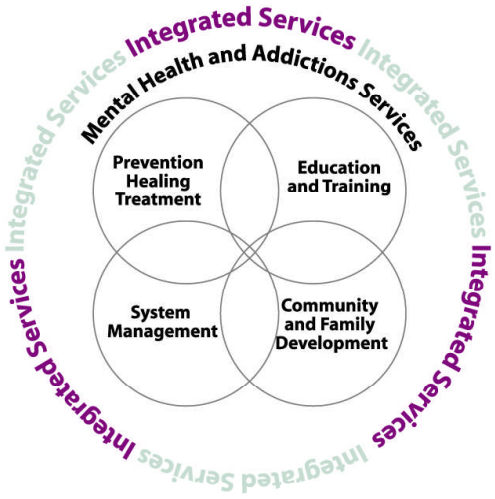
1. **Universality:** All residents of the NWT have access to the services they need, and are treated fairly and with respect in the health and social services system.
2. **Personal Responsibility:** Individuals and families have personal responsibilities to address their health and social needs.
3. **Basic Needs:** Publicly funded programs and services will address basic health and social needs when an individual or family cannot meet these needs.
4. **Sustainability:** The health and social services system will operate in a way that does not threaten its ability to meet basic health and social needs over the long-term.
5. **Continuum of Care:** Programs and services will fit together as integrated as possible and will be integrated with other GNWT services wherever possible (see Appendix 1).
6. **Prevention-oriented System:** All activities of the health and social services system will support the maintenance of physical, social and mental health, in addiction to the treatment of illness and injury.
7. **People-oriented System:** All activities of the health and social services system will support an approach that puts the needs of people first.

In addition, the Department believes in the importance of:

- **Community Strengths:** Services will be provided as close to home as possible, and will build upon family and community strengths
- **Culture:** Culturally relevant services will be provided to support traditional health and healing practices within health and social services in the NWT
- **Client Input:** The people who are using services will have input into the system
- **Evidence:** Where possible, decisions are based on the best research we have about program effectiveness and the needs of our population

Five Key Elements of the Framework

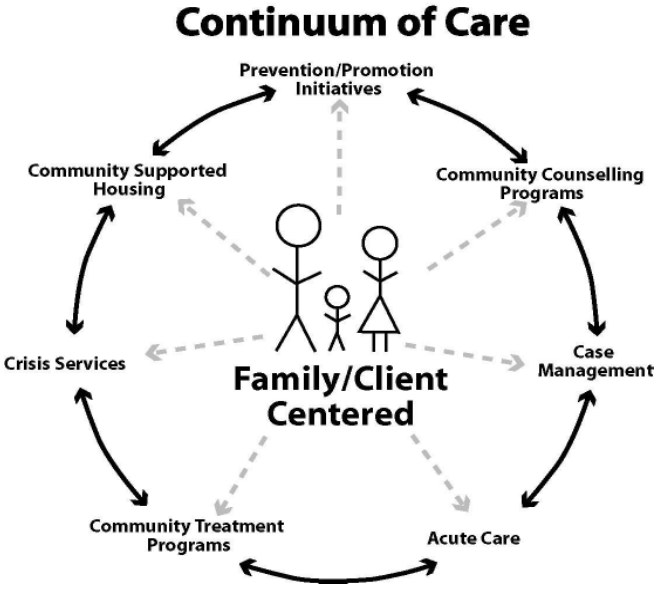
Throughout the consultations, people have told the government what they need and have said that they feel wellness is a valuable and achievable goal for the NWT. Those recommendations that were based on consensus priority were placed in a Framework for Action for Mental Health and Addiction Services.



Prevention, Healing and Treatment

Effective prevention, healing and treatment services for addictions, mental health and family violence should provide a circle of care. Services range around the circle from general service like prevention and promotion, to specialized services like residential treatment or hospitalization. People who need services are at the centre of the circle; able to access services when they most need them. Home and community care provide services as close to home as possible. Good referral procedures, case management and aftercare help to smooth the transitions between the different services. This is especially important in the North where people have to access specialized wellness services in different communities.

The model of care for the family and individual is based on a pictogram entitled the **Continuum *of Care***. The family and individual are at the center of services and programs and people can enter services at any point in their need for care. Essentially, the continuum will be seamless, circular, can be entered and/or exited at any point and will support an individual and their family. Where possible, services are delivered through home or community care networks.



Education and Training

Recruiting and retaining qualified Care Providers is challenging to the North. Skilled, community-based Care Providers are the key to supporting and delivering an integrated service delivery model. Whether as professionals or volunteers, the Care Provider best understands the needs, desires and capacity to deliver such a model within the community they care for. It is imperative that we develop a long-term recruitment and retention plan that addresses the challenges of Care Providers.

Community and Family Development

"Helping people help themselves are personal, family and community responsibilities[1]" Some people in the NWT have made great strides for their wellness. Communities and families need to be supported in their efforts to achieve and maintain wellness, and recognized for their inherent ability to care for vulnerable community and family members.

System Management

While it is important to create meaningful and cohesive addictions, mental health and family violence prevention services, the system will not be effective or accountable unless key system functions are created or reformed. Funding, accountability and governance are important areas that have been identified in Best Practices research.

[1] Self-reliant People, Communities and Northwest Territories- A Shared Responsibility; Government of the Northwest Territories Strategic Plan, Priority 2, June 2004

Integrated Services

Addictions, mental health and family violence are complex and frequently inter-connected, so clients struggle not only with the complexity of their own needs but also the many layers in the system as well as different Care Providers. The Integrated Services Delivery Model (ISDM) combines 3 key elements to connect services for clients:

1. Use a primary community care approach.
2. Ensure all caregivers and their organizations are connected and work together.
3. Describe and strengthen core services.

Where We Want To Go?

Goals

The Goals are designed to support the five key elements that will be implemented according to the principles set out in *Working Together for Community Wellness, A Strategy for Addictions, Mental Health and Family Violence in the NWT* (2001): Prevention, Healing and Treatment; Education and Training; Community and Family Development; System Management; and Integrated Services.

Goal #1	*Individuals, families and communities have the skills and resources necessary to actively achieve and maintain a healthy lifestyle.*
Goal #2	*Individuals and families have access to a continuum of community-based, core wellness services*
Goal #3	*Individuals, families and communities have access to a range of facility-based services*
Goal #4	*People in the NWT will have access to crisis services*
Goal #5	*Care providers are trained and supported to proved services at the community level.*
Goal #6	*Families and communities have the capacity to address wellness issues.*
Goal #7	*Sufficient addictions, mental health and family violence resources are allocated in a planned, needs-based manner*

Goal #8 Programs and services are integrated and coordinated at all levels.

How Do We Get There?

A detailed action plan has been developed to meet the overall goal and objectives for each key element.

Each Action Item has been chosen on the following three criteria:

1. Service Gaps
2. System Gaps
3. Feedback from public consultation and Mental Health Needs Assessment

Next Steps

In conclusion, we know that our mental health, addiction and family violence programs and services are requiring investment by communities, politicians and the "system". As there are several gaps in the current system we know that we have to rebuild a system that better meets the need of NWT people. As you will see in the following pages and charts, there are several "Areas for Action" that have been identified as programs and services that need to be resourced and implemented throughout the system. Each "Action Item" is a building block for other pieces that will ultimately create a more sustainable, accessible and efficient Mental Health and Addiction system for all NWT residents.

Glossary of Terms

Best Practice: Best Practice statements may be based on scientific evidence and/or on the perspective of consumers, expert practitioners and educators, evidencing the effectiveness of some services.

Care Providers: Care Providers include all those professional and volunteer Counsellors who are utilized by clients for support, case management, therapy, and healing opportunities. A majority of therapeutic wellness interventions in the NWT are performed by Social Workers, but Care Providers also include Psychologists, Mental Health workers, Family Therapists, Addictions Counsellors, and Family Violence Prevention Workers, as well as Nurses, Home Support Workers, Community Health Representatives, Clergy and Volunteers.

Case Management: Case Management assists people in successfully negotiating a complex system, finding services where gaps exist, and coordinating services for vulnerable clients who are unable to do so on their own.

Child and Family Wellness Centre: A centre which offers an holistic, multi-disciplinary team which specializes in prevention/promotion; early intervention (i.e. play therapy, enrichment); community outreach (e.g. home support program); specialized therapy (e.g. addictions, mental health, family violence, children, youth, groups, etc.); and links with both medical rehabilitation services and social services.

Community-Based: Reflecting a shift away from institutional (i.e. residential) treatment, to services available in the community or in more informal, outpatient settings.

Concurrent Disorders: People who have concurrent disorders have significant problems with both an addiction and a mental illness (e.g. substance abuse and schizophrenia)

Core Services: Core Services are the basic services that should comprise the foundation of the system of addictions, mental health and family violence services. There is agreement that the first interventions offered should be least intensive and intrusive, with more heroic and expensive treatments only

	after others have been found ineffective. Core services need to include but are not limited to: prevention and promotion; self-help; early intervention; harm reduction; assessment; crisis intervention; treatment and healing; follow-up and after care.
Harm-Reduction:	Addictions services in the NWT mostly aim for total abstinence from alcohol and drugs. Many people have not been able to achieve or maintain total abstinence, and experience a sense of failure when relapse occurs. The harm-reduction approach aims to reduce harmful behaviours as much as possible rather than to eliminate them completely.
Holistic:	A system of health care which fosters a cooperative relationship among all those involved, relating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into parts; leading towards optimal attainment of the physical, mental, emotional, social and spiritual aspects of health.
Outreach Services:	A Care Provider's attempt to provide services beyond the conventional limits of the workplace.
Primary Health Care:	Primary health care is essential health care based on practical, scientific and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community through their full participation and at an affordable cost to the community and country. Primary health care (PHC) is the central function and main focus of the country's health system and of the social and economic development of the community. It is the first contact of the individual, the family and the community with the health system, bringing health care as close as possible to where people live and work, and constituting the first element of a continuing health care process. In the NWT, PHC is known as Primary Community Care.
Respite Programs:	A planned program or short-term relief for a person with special needs and/or their caregiver. Respite can be relief services offered in the home or placement in a facility.
Self-help Groups:	Groups of people with similar concerns, assisting and supporting one another toward wellness. For example:

	Residential School Healing Circles; Addictions Support Groups, Survivors of Suicide Support Groups, etc.
Wellness:	Having a strong sense of community; a strong sense of family life; an emphasis on personal dignity; a strong sense of culture and tradition; and a state of well-being. In short, it is about being and staying in balance spiritually, emotionally, mentally, and physically.