

# **INTEGRATING TRADITIONAL PRACTICES INTO INUIT MENTAL WELLNESS PROGRAMS**

**Kluane Adamek, Teevi Mackay, and Mitchell White**

Jane Glassco Northern Fellowship

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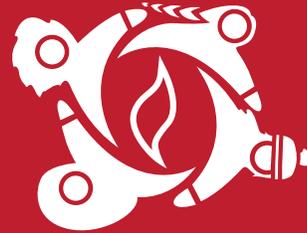
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# AUTHORS

## **Kluane Adamek**



Kluane Adamek has experience living in rural, urban, northern and southern communities. She is a graduate of Carleton University, fluent in English and French, and continues to learn her traditional languages, Southern Tutchone and Tlingit. Currently, Kluane worked with the Assembly of First Nations in the role of First Nation liaison officer and advisor for the Office of National Chief Shawn A-in-chut Atleo. Kluane comes from a diverse background – Indigenous and non-Indigenous – which she believes has given her the ability to view and analyze our world from different perspectives. On her father’s side, she is of Tlingit and Southern Tutchone First Nation ancestry, and on her mother’s side, German and Irish descent. A

citizen of the Kluane First Nation, Yukon Territory – her traditional name is Aagé, and she comes from the Dakhl’aweidí – Killerwhale Clan, which falls under the Eagle moiety. She has recently been named a Global Shaper – Ottawa Hub as part of the World Economic Forum, and also selected as one of 23 “bold visionaries” as part of the 2014 Bold Vision Women’s Leadership Conference.

Kluane feels most at home in Yukon. She believes her values and abilities have been tremendously shaped by her experience working with community organizations such as the Skookum Jim Friendship Centre, Council of Yukon First Nations, and the Aboriginal Healing Foundation. Kluane pursues cultural activities as often as she can while in Ottawa, traveling and at home in Yukon. She dances traditionally and is a member of the Dakhká Khwáan Dancers, Inland Tlingit Dance Group. Kluane continues to serve as a board member for the Kluane Corporations, which focus on economic and business opportunities for the citizens of Kluane First Nation.

## **Teevi Mackay**



Teevi Mackay grew up in Iqaluit, Nunavut, and considers it her home. She currently lives in Ottawa and works at Inuit Tapiriit Kanatami as editor of Inuktitut, Canada’s longest-publishing Inuit language periodical.

She is a graduate of Carleton University’s School of Journalism and Nunavut Sivuniksavut, and has held positions at the Government of Nunavut and the Government of Canada. Teevi also writes a regular youth column for Above & Beyond magazine. Her columns have covered Inuit education, Inuit knowledge, acquisition of Inuktitut, the importance of identity, and food security in the Arctic.

Teevi enjoys sewing, especially parkas that combine modern style and traditional Inuit patterns.

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## Integrating Traditional Practices into Inuit Mental Wellness Programs

### Mitchell White



A beneficiary of the Labrador Inuit Land Claims agreement, Mitchell White was born and raised in Happy Valley-Goose Bay, Labrador. It was not until he moved to Nain, Labrador, now the administrative capital of Nunatsiavut, for high school that Mitchell would discover his passion for his Inuit roots and journalism. Mitchell began working as a radio assistant with the OKâlaKatiget Society, an organization dedicated to producing quality Radio and Television programming in the Labrador Inuktitut dialect, the summer after graduating from high school. He was eventually hired as a full-time radio producer when the summer student position ended. In order to sharpen his journalistic skills, Mitchell decided to attend the College of the North Atlantic's journalism program in Stephenville, Newfoundland and eventually returned to the OKâlaKatiget Society as program director. He filled that post for two years before deciding to continue his education at Carleton University where he is currently completing his second year of a double major in communications and political science while working part-time as a junior communications officer with Inuit Tapiriit Kanatami.

Apart from his professional endeavours, Mitchell has also been very active in volunteering in his community and beyond. Notably, he served as the acting president of the Rising Youth Council of Nunatsiavut; a councilor for the Nain Inuit Community Government (the youngest to do so in the municipal government's history); and sat on the Aboriginal People's Television Network's board of directors.

Mitchell has also traveled extensively including entering both the Arctic and Antarctic Circles. A Students on Ice Expedition saw him travel to the bottom of the globe, while a summer spent as a Zodiac driver with Cruise North Expeditions allowed Mitchell to travel to all corners of the Arctic. The 26-year-old is now excited to be given the opportunity to address some of the issues in the north that he proudly calls home.

## PREAMBLE

Uniquely situated in some of the most unforgiving terrain on the planet, Inuit have an extensive history of resilience. Surviving in harsh Arctic conditions for thousands of years has both called for and shaped a culture and lifestyle of strength, self-control, and an intimate knowledge of themselves and the land. That lifestyle has undergone a dramatic change in the past century as Inuit have been forced to adapt a Western lifestyle. With this rapid change, the focus of Inuit resilience has shifted from their natural surroundings to those that have been constructed around them.

Colonization and the continued assimilation of Inuit into Western society through methods such as relocation, residential schools and forced dependence on social programs have caused a cultural shift from a dependence on the land to dependence on the government's purse. These historic and current realities had a significant impact on the mental health and wellness of the proud and independent Inuit. A loss of cultural identity and independence are seen as the root causes of many of the social issues that plague Inuit communities today. High levels of substance abuse, depression, and suicide are often traced back to this rapid change in lifestyle.

Recent decades have seen some of that lost autonomy returned to the Inuit by way of land claims agreements. These extensive documents

have provided Inuit with special rights over their lands and the resources within them. The land claims agreements have also provided Inuit with the resources to influence the policies and programs that are delivered in their region and communities to ensure that this is done in ways that are culturally appropriate. It has also provided them with the tools and resources to provide their own programs and services.

Despite all of the progress that has been made, Inuit experience mental health issues at a much higher rate than their southern counterparts. Specifically, rates of suicide throughout Inuit communities are among the highest in the world. A collaborative approach among all levels of government is necessary to help close this gap. A combination of proven traditional practices and Western methods are necessary to address the issues that exist among today's Inuit.

**A loss of cultural identity and independence are seen as the root causes of many of the social issues that plague Inuit communities today.**

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# INTRODUCTION

This paper examines the integration of traditional Inuit practices into Western methods of addressing mental health issues in order to ensure a safe and healthy Inuit population. Specifically, it firstly examines mental health challenges in Inuit communities; secondly, determines how traditional practices can enhance mental wellness programs; and thirdly, recommends actions Inuit communities, territorial governments and the Government of Canada can take to make mental health services more accessible and effective for Inuit.

## Approach

This report draws heavily on published research reports and the personal experiences of its authors. To complete this work the team:

- reviewed available research and policy documents to gain an understanding of the nature and extent of mental health challenges in Inuit communities;
- reviewed the history of the Inuit people to identify the root causes of current mental health issues;
- examined research pertaining to innovative mental health programs that integrate traditional practices into mainstream health services;

- identified the most effective traditional practices and methods for delivering them in remote Inuit communities; and
- brainstormed conclusions and recommendations.

## Contents

**Background** provides a brief history of the Inuit people, their settlements, their political organizations and their current situation.

**Mental wellness among Inuit** presents an overview of Inuit mental wellness issues.

**Role of traditional values and practices in mental health programs** considers research and experience of integrating traditional practices into western mental health services in Inuit communities.

**Evidence of the effectiveness of traditional practices** reports on recent research findings.

**Mental health services and programs** presents an overview of health system services available to Inuit communities and ways those services could be improved.

**Recommendations** make high level recommendations to community leaders, regional and territorial organizations and the Government of Canada.

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## BACKGROUND

Inuit have only had sustained contact with the outside world for a generation or two. In fact, there are many Canadian Inuit alive today who were raised in nomadic communities in igloos and tents, travelling the Arctic land and sea by dog-team and kayak, tracking game and marine mammals for survival.

In a matter of decades, Inuit have moved to settling in static communities in often over-crowded houses with inadequate access to services like health care and education.

In essentially one generation, we have made the rocky transition from “Eskimo” to “Inuit” — or, from igloo to I-Phone™ — and the incredibly rapid speed of this transition has come with its share of challenges.<sup>1</sup>

### **Inuit historically**

Canadian Inuit are descendants of the Thule and inhabit much of the same area as their ancestors, from the Mackenzie Delta in the west to the Labrador coast in the east, and from the Hudson’s Bay Coast to the islands of the High Arctic. Until just a few decades ago, Inuit relied solely on those lands and the resources they provide for survival. Inuit utilized every part of land, sea, and animals. The snow provided shelter in the form of igloos, ice and waterways served as transportation routes, and animals served as food, clothing, tools and methods of transportation. The fat of seals was used as a heat and light source when it was burned in the qulliq.

Inuit lived in small, intimate groups and relied heavily on each other for their survival. Living a nomadic lifestyle, they often followed the migration patterns of animals such as caribou. Igloos served as their shelter in the winter while skin tents or sod houses served that purpose during the summer months.

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<sup>1</sup> Terry Audla, “Arctic Circle Indigenous Voices Speech — Iceland” Inuit Tapiriit Kanatami, last modified November 4, 2014, accessed June 5, 2015, <https://www.itk.ca/media/speech/arctic-circle-indigenous-voices-speech-iceland>.

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## **Integrating Traditional Practices into Inuit Mental Wellness Programs**

Each person served a role that was crucial to the survival of the group, with children contributing as soon as they were able to do so.

### **Inuit settlement**

Although Inuit were involved in trading with European whalers and traders, it was not until the arrival of Christian missionaries that they began to slowly abandon their nomadic lifestyle and settle into missions. Attracted by the tools, food items and other goods the missionaries had to offer, the Inuit eventually began to establish western-style writing systems and adopt their Christian beliefs in place of their own traditional ones.

Inuit settlement was expedited by the Canadian government during World War II and the Cold War, as the government began to increase their presence in the Arctic in order to exercise Canadian sovereignty. With this came increased settlement of Inuit, sometimes against their will. The High Arctic Relocation saw a number of families forcibly relocated over 1,000 kilometres to the High Arctic. This process was also carried out in an effort to deliver government services and programs in a more efficient and cost-effective manner. Inuit slowly began to decrease their reliance on the land while increasing it on government assistance.

In the 1960s, the Canadian government began removing Inuit children from their homes and placing them in residential schools. Here they were forced to completely abandon their language, culture, and traditional lifestyle and replace them with Western values and customs, in order that they be able to operate within Canadian society in a more efficient manner. On top of what many refer to as an organized system of cultural genocide, many of the children were victims of physical and sexual abuse.

This system of colonization is widely-viewed as the root of many of the social ills that exist in Inuit communities today.

### **Political organization**

At the end of the 1960s, Inuit began to recognize the need to unite and organize politically in order to strengthen their voice and to begin reclaiming their lands. Inuit Tapirisat of Canada was formed in 1971 as a united voice for the Inuit of Canada, with a mandate to “put control back into the hands of Inuit communities.” The group promoted Inuit interests and played a key role in ensuring Aboriginal rights were recognized in the Canadian Constitution. The group was also instrumental in settling land claims agreements between the four Inuit regions:

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Nunavik, Inuvialuit, Nunavut, and Nunatsiavut. These were settled between each of the various regions, their respective provincial governments and the federal government in 1975, 1984, 1993 and 2004, respectively. These extensive agreements returned much ownership and control of Inuit lands to the people who inhabited it for thousands of years. They also provided the respective regions with the resources they needed to revitalize and preserve the cultures and languages that had been systematically denigrated over that past number of decades. The agreements and the resources they promised also provided Inuit with the tools to work towards ensuring that programs and services that were delivered to the remote northern communities were done in a way that was appropriate culturally and within the unique circumstances found in the regions.<sup>2</sup>

### Inuit today

Social and cultural changes have had a significant impact on the the overall well-being of Inuit. “Now, fewer Inuit live solely off the land and many have become dependent on the limited job opportunities that exist in communities and on social assistance. The movement from traditional forms of subsistence to a dependence on a wage economy has radically disrupted

Inuit social and environmental relationships and is recognized as contributing to social marginalization, stress, and a higher incidence of suicide.”<sup>3</sup>

According to Statistics Canada, there are around 59,500 Inuit, residing mainly in the 53 communities found in the four Inuit regions. That population is relatively young and rapidly growing. The average age of Inuit is 23, according to Statistics Canada, lower than that of the Canadian, First Nations or Métis populations.<sup>4</sup>

Because of the unique histories and realities found among the Inuit regions, cultural practices and language use vary among the population, for example, “with knowledge of the Inuit language almost universal among Inuit in Nunavik (99%) and Nunavut (89%), while in Nunatsiavut, one-quarter (25%) and in the Inuvialuit region one-fifth (20%) of Inuit can speak the language well enough to converse.”<sup>5</sup> Although there are differences from region to region, language use and cultural practices have declined as a whole.

Low graduation rates, high unemployment rates, and high costs of food, utilities and shipping are also found among the Inuit population.

2 Inuit Tapiriit Kanatami, “About ITK,” Inuit Tapiriit Kanatami, accessed June 18, 2015, <https://www.itk.ca/about-itk>.

3 J. D. O’Neil, “Suicide Among Canadian Aboriginal Peoples,” *Transcultural Psychiatric Research Review* 31 no. 1 (1994), 3-58; L. J. Kirmayer, “Attempted Suicide Among Inuit Youth: Psychosocial Correlates and Implications for Prevention,” *Canadian Journal of Psychiatry* 43 (1998), 816-22; Lisa Marin Wexler, “Inupiat Youth Suicide and Culture Loss: Changing Community Conversations for Prevention,” *Social Science & Medicine* (2006), 2938-948.

4 Statistics Canada, “References,” accessed at “Low Income Lines, 2011-2012,” Government of Canada, Statistics Canada, last modified June 27, 2013, accessed April 18, 2015, <http://www.statcan.gc.ca/pub/75f0002m/2013002/ref-biblio-eng.htm>.

5 Ibid.

## MENTAL WELLNESS AMONG INUIT

“In spite of significant efforts to improve the current socio-economic conditions in Inuit communities, substantial work remains to address underlying conditions that influence Inuit health outcomes. A key action for future success is the support of increasing levels of self-determination in Inuit regions. In this way, Inuit will be able to enhance their culture, language, economy, and health. In parallel with these Inuit-specific and Inuit-led efforts, all levels of government must support Inuit by implementing Land Claim Agreements, involving Inuit in policy-making and program design, and providing long-term, adequate funding for development. As a result, coordinated and innovative approaches can be taken in a holistic manner, to not only treat the ill, but to address the critical factors contributing to the overall health status of Inuit.”<sup>6</sup>

The complicated historical relationship between Inuit and European settlers is widely cited as the leading contributor to the current social ills found among the Inuit population. The systematic destruction of

Inuit culture and identity by way of federal programs such as relocation and residential schools have had profound and lasting impacts on the mental health and wellness of Canadian Inuit. The “trauma” brought on by colonization, relocation, dog-slaughter and the legacy of residential schools remains a key barrier to building both the community and family supports to address mental wellness. This unresolved trauma has compromised many individuals to cope with stress in an unhealthy manner and has been referred to as the intergenerational transmission of historical trauma.<sup>7</sup>

For example, the forced relocation of Newfoundland and Labrador Inuit from the communities of Nutak and Hebron as part of the government of Newfoundland and Labrador’s “process of centralization... a form of good administration in order to rationalize the provision of services to remote groups of people” was attributed to leading to “many Hebronimiut [to turn] to alcohol. Social problems increased, as did rates of illness and death.”<sup>8</sup>

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6 Inuit Tapiriit Kanatami, “Comprehensive Report on the Social Determinants of Inuit Health by National Inuit Organization,” news release, November 19, 2014, accessed June 5, 2015, <https://www.itk.ca/media/media-release/social-determinants-inuit-health>.

7 Michael Kral et al., “Canadian Inuit Community Engagement in Suicide Prevention,” *International Journal of Circumpolar Health* 68 no. 3 (2009), 292-308, accessed March 12, 2015, <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/18330>.

8 Georges Erasmus, *Report of the Royal Commission on Aboriginal Peoples* (Ottawa: The Commission, 1996).

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## Integrating Traditional Practices into Inuit Mental Wellness Programs

A 2014 report on the social determinants of Inuit health in Canada found that “residential school experiences created a rift between elders and youth, inhibiting the intergenerational exchange of traditional knowledge, cultural values, parenting skills, and language that is crucial to healthy relationships and identity formation.... Cultural repression, assimilation, and abuse combined to make some Inuit feel ashamed of their identities, alienated, and disconnected from their families.”<sup>9</sup> Ultimately, the legacy of the residential school system is often cited as a source of “community trauma” that continues to affect the health and mental well-being of Inuit today.

That same report found that mental wellness is a key determinant of health for Inuit. Mental wellness encompasses a wide range of factors such as mental health, suicide prevention, mental illness, violence reduction, and prevention and treatment of addictions and substance abuse. For Inuit, mental wellness refers to “physical, emotional, mental and spiritual wellness, as well as strong cultural identity.”<sup>10</sup>

One of the key indicators of a worrisome state of mental health among Canadian Inuit is the alarming suicide rates found across

the North. One report found that “Inuit have had among the highest rates of suicide in the last forty years.... Among Inuit, however, these were a staggering 135 people for every 100,000 between 1999 and 2003. Suicide rates among Inuit have been, on average, ten times higher than the general Canadian population for more than four decades.” High suicide rates are not unique to Canadian Inuit; one report found “rising rates of suicide across circumpolar regions from 1994 to 2008, the rate of suicide among Inuit youth under 18 was 30 times higher than that of their counterparts in the general population.”<sup>11</sup>

**“... fewer Inuit live solely off the land and many have become dependent on the limited job opportunities that exist in communities and on social assistance. The movement from traditional forms of subsistence to a dependence on a wage economy has radically disrupted Inuit social and environmental relationships and is recognized as contributing to social marginalization, stress and a higher incidence of suicide.”**

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9 Inuit Tapiriit Kanatami, “Comprehensive Report on the Social Determinants of Inuit Health by National Inuit Organization.” See also Laurence Kirmayer, Cori Simpson and Margaret Cargo, “Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples,” *Australasian Psychiatry* (2003); Wexler; Erasmus.

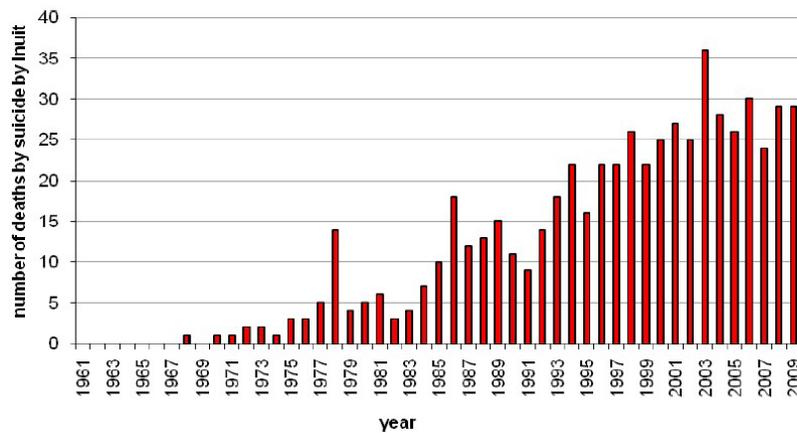
10 National Aboriginal Health Organization, “Mental Wellness,” Inuit Tuttarvingat, accessed June 18, 2015, <http://www.naho.ca/inuit/mental-wellness/>.

11 Lisa N. Oliver and Paul A. Peters, *Mortality Rates among Children and Teenagers Living in Inuit Nunangat, 1994 to 2008* (Ottawa: Statistics Canada, 2012).

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“...Mainland Canada, Denmark and the United States would declare ‘national emergencies’ if they had suicide rates comparable to those of their Inuit populations. The situation would be considered intolerable. It is high time that public health emergencies are declared in and by the Inuit regions themselves. All levels of government in those jurisdictions should aspire to become world leaders in culturally appropriate suicide prevention,” a spokesperson for the Inuit Circumpolar Youth Council told the United Nation’s Permanent Forum on Indigenous Issues.

Chart 1: Number of deaths by suicide among Nunavut Inuit, 1961-2009, by year



Source: Hicks, Jack, *The social determinants of elevated rates of suicide among Inuit youth*. Forthcoming external PhD dissertation, Ilisimatusarfik (University of Greenland). Based on data from the Offices of the Chief Coroners of the Northwest Territories and Nunavut.

## **ROLE OF TRADITIONAL VALUES AND PRACTICES IN MENTAL HEALTH PROGRAMS**

Formed over thousands of years, Inuit traditions for the most part consist of the following: language, customs, and beliefs. Inuit relied on animals, and their land to survive. They believed that Inuit, animals and nature had spirits. They believed in doing things a certain traditional way in order for things to go well in their lives. If something went wrong, then they believed it was because of a displeased spirit.<sup>12</sup>

Traditional practice among Inuit in the North is heavily relied upon, as it is the backbone of their being, their identity. Traditional ways among Inuit actually allowed them to survive in the harsh environment of the Arctic. Their hunting practices were a spiritual process, as they always respected the animals that they hunted. For example, when a hunter caught a seal he would give it a bit of water so that in the afterlife it would not be thirsty. This illustrates the fact that Inuit believed the seal actually gave itself up to the hunter as a gift – a harmonious exchange in an environment based on spirituality.

Traditional knowledge and spirituality go hand-in-hand among Inuit. Knowledge

transfer was done orally. Children learned through observing what their parents did, e.g., hunting and sewing – these two activities are quite central to Inuit. Men hunted for food and materials (skins). Women sewed garments (usually made from skins) for the family. Today both activities are important to Inuit culture, but have changed a bit with modernity and access to other material goods. Inuit women still sew today and make beautiful garments. In Nunavik (Northern Quebec) they have recognized that this is important to their culture and have built sewing centres in their communities.

During the 2009 suicide-prevention consultations in Nunavut, the importance of culture was an omnipresent theme.<sup>13</sup> Since Inuit have undergone tumultuous changes in a very short period of time, the repercussions of that have not gone unnoticed, with having such a staggering high rate of suicide. Preventative measures are needed and cultural, traditional ways of Inuit must and should be implemented into all programs for Inuit. Without their culture infused into programming, it becomes difficult for Inuit to relate, and therefore can be counter-productive at times. Culture is directly related to identity and is important and

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12 Houghton Mifflin Harcourt Publishing Company, "The Inuit Culture and Traditions," All-in-One Practice Book, accessed June 17, 2015, [http://www.eduplace.com/ss/socsci/nyc/books/bke/ilessons/pdf/072\\_5\\_200576\\_C10L3.pdf](http://www.eduplace.com/ss/socsci/nyc/books/bke/ilessons/pdf/072_5_200576_C10L3.pdf).

13 Ellen Bobet, Towards the Development of a Nunavut Suicide Prevention Strategy: A Summary Report on the 2009 Community Consultations (Iqaluit: Working Group for a Nunavut Suicide Prevention Strategy, 2009), accessed June 18, 2015, <http://www.psychiatry.meduwo.ca/dir/linkdocs/towards-the-development-of-a-nunavut-suicide-prevention-strategy-eng.pdf>.

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essential for self-esteem. Losing part of the Inuit culture has meant adopting the colonial culture brought upon them – balancing both is what is required as the Inuit reality today is far different than what it was traditionally before colonialism. They must adapt to the Western way but acknowledge privileging Inuit values and traditional knowledge during the process, which is what the elder Mariano Aupilarjuk taught (who has passed on now). His traditional knowledge was featured in Inuktitut magazine.

The suggestions at the 2009 Nunavut consultations were the following. Many said that Elders should be involved in programs, consulted and in particular work with young people. Elders have the traditional knowledge, wisdom and experience to guide the younger generations. Developing land skill programs was another suggestion, as they increase self-esteem and develop confidence; this helps in everyday life. Having more services available in Inuktitut was suggested, as was having more Inuit social workers and counselors – as a way of having more of the Inuit-cultural connection within the community. Community is an important aspect of Inuit culture.

Young men among Inuit are at particularly greater risk of committing suicide. More

hunting programs catered to young men would help greatly for their mental wellness. Inuit know that being on the land can be a form of healing, as many Inuit face broken homes, abuse, an inability to speak their language, a loss of their inherent culture. Being unable to speak your own mother tongue creates disenfranchisement and low self-esteem. These areas need to be addressed, but cultural revitalization is the obvious need for Inuit. During the consultations, the top theme was culture (as mentioned earlier), then health and well-being. It was also suggested to have annual land camps added to the school curriculum.<sup>14</sup>

Kral's research in "Canadian Inuit Community Engagement In Suicide Prevention" indicates that the "good life" of Inuit in the past consisted of: "[f]amily, their familiar land, food from hunting...and biannual migration within a particular place."<sup>15</sup> In the past, the spiritual healers were the shamans. The modern day concept of wellness among Inuit consists of: "family, talking, country food, the land and

**Inuit know that being on the land can be a form of healing, as many Inuit face broken homes, abuse, an inability to speak their language, a loss of their inherent culture.**

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14 Ibid.

15 Ibid.

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traditional cultural practices, all of which are intricately intertwined.”<sup>16</sup> Inuit culture is and was based on kinship ties. Throughout the decades of colonialism, you can see that many social issues have arisen, i.e., addictions, abuse, violence, crime, poverty, broken families.

Kral also notes that Inuit have survived on the land and maintained a good life through communal ties, being hospitable, being harmonious, taking care of one another, making alliances, and the continuing cultural practices. He notes that having a thorough knowledge of the land, sky, and the stars was very important for their survival. This same article quotes Hugh Brody, from *The other side of Eden: Hunters, farmers and the shaping of the world*. He wrote, “The hunter-gatherer mind is humanity’s most sophisticated combination of detailed knowledge and intuition.” Brody then noted that “It is where direct experience and metaphor unite in a joint concern to know and use the truth.”<sup>17</sup> In particular, he wrote about Inuit having a balanced need and use for resources and have been firm believers of respecting nature through a respectful relationship.

Additionally, this same article notes that suicide in the traditional times of Inuit was not in the same sense or not for the same reasons that we see today. Suicide in the past

was for altruistic reasons, for example, in times of famine, or assisted suicide if someone was gravely ill. Today suicide among Inuit happens quite often with one of the highest rates in the world. Its reasons are far reaching from the past and, as noted before, relates to many social issues that have stricken the Inuit communities.

In *The Sharing Hope* report, findings were reported from international research teams that used a community-based research approach to find out what the challenges are in Indigenous communities.<sup>18</sup> They looked at success stories in order to share with other communities in the circumpolar region. The primary finding was that prevention measures of suicide should be culturally oriented and driven by the community, for the community. As well, there should be strong relations between researchers coming in and the community members.

First Nations and Inuit have many commonalities, both being Indigenous, with a similar colonial history and issues that they share today. The following section is based on research done in First Nations communities in the research brief *Cultural Continuity as a Protective Factor against Suicide in First Nations Youth*.<sup>19</sup> This brief posits a hypothesis that assumes that “distinctive cultural groups, like individual selves, are constituted by

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16 Ibid.

17 Ibid.

18 Arctic Council Sustainable Development Working Group, “Sharing Hope. Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience,” Arctic Council Sustainable Development Working Group, last modified April 24, 2014, accessed June 18, 2015. <https://oaarchive.arctic-council.org/handle/11374/411>.

19 M. J. Chandler and C. Lalonde, “Cultural Continuity as a Hedge against Suicide in Canada’s First Nations,” *Transcultural Psychiatry* (1998), 191-219.

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identity-preserving practices that forge links to a common past and future.”<sup>20</sup> It states that First Nations groups lacking cultural identity were more likely to have a higher rate of suicide. Those who have higher cultural connections, and a sense of strong identity, would be guarded from “slings and arrows” which deprive them of healthy levels of wellbeing to enable them to sustain a good life and future.

This hypothesis was tested, with the following results. In a study between 1987-1992, cultural continuity included the following: whether the community was self-governing, had title to Aboriginal land, and had control over the health care system, education, policing, and community centres for cultural preservation. A community that had all of these factors during the research term had no suicides, while another community lacking these “protective” factors had many suicides above the national average.<sup>21</sup>

Knowing your own language is another “protection” against suicide; at least, this is shown in the research documented in the journal article *Aboriginal language knowledge and youth suicide*. “The results reported [from British Columbia] demonstrate that not only did this simple language-use indicator prove to have predictive power over and

above that of six other cultural continuity factors identified in previous research.” The article continues by saying that there were no suicides in communities where at least 50 per cent of community members could carry on a conversation in their mother tongue.<sup>22</sup>

This excerpt from *Acting on what we know: Preventing youth suicide in First Nations* provides this insightful summary:

It is possible to see new ways of preventing youth suicides through concepts such as “cultural continuity,” “commitment to future self” and identity. These concepts echo age-old beliefs within First Nations communities. A sense of wellbeing, within a viable cultural identity, is essential in considering approaches to reducing the rate of suicides. The body, mind, heart and spirit can more easily align in full balance and harmony when cultural factors such as original languages, relations with the land, and forms of government are intact or restored. Suicide prevention strategies for First Nations youth must be congruent with cultural beliefs, norms, values and practices and must not undermine these. They must also be assessed in terms of their potential to preserve cultures and identities for future generations.<sup>23</sup>

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20 Ibid.

21 Ibid.

22 Darcy Hallett, Michael J. Chandler and Christopher E. Lalonde, “Aboriginal Language Knowledge and Youth Suicide,” *Cognitive Development* (2007), 392-99.

23 Health Canada, *Acting on What We Know: Preventing Youth Suicide in First Nations: The Report of the Advisory Group on Suicide Prevention* (Ottawa: Health Canada, 2003).

## **EVIDENCE OF THE EFFECTIVENESS OF TRADITIONAL PRACTICES**

There is a large body of research and evaluation that supports and proves the value of integrating traditional practices into mental health services. Much of this research pertaining to Aboriginals in Canada and elsewhere focuses specifically on Inuit and Inuit communities. A selection of this research is described briefly below.

The *Sharing Hope*<sup>24</sup> report describes a recent Mental Health Symposium held in Nunavut, March 25 to 27, 2015, as part of the Sustainable Development Working Group with the Arctic Council and in partnership with the Canadian Institute of Health Research. The report indicates that suicide is a “significant challenge in Alaska where the suicide rate is double that of the United States. In Northern Alaska specifically, the suicide rate has been double the state average. In response, a school district in remote Northern Alaska introduced an innovative, culturally adapted Youth Leaders program in 2009, which sees peer-selected students act

as leaders who initiate positive activities and offer mentoring and support to their fellow students,” with youth elected role models acting as mentors. The program includes a retreat and provides students with leadership, skill building and cultural activities. The program has shown positive results, including increases in protective factors such as school performance and attendance.

Lisa Wexler, Associate Professor and Program Head, Community Health Education, assisted with the development of the Youth Leaders program. She shared her experiences, the successes of the program and the importance of support for students, and the student academic and social emotional changes experienced by students.

The *Sharing Hope* report also details the success of a similar program in Karasjok, Norway - the Sami Psychiatric Youth Team, which was created in 1990 to provide youth with culturally appropriate and timely access

**... suicide is a significant challenge in Alaska, where the suicide rate is double that of the United States. In Northern Alaska specifically, the suicide rate has been double the state average.**

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24 Arctic Council Sustainable Development Working Group, “Sharing Hope.”

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to psychiatric services. Not only is a doctor's referral not required to receive care, but tech-savvy youth can simply text message a member of the health team and receive support almost immediately. The results have been astounding: not a single death by suicide among clients of the program since the clinic opened.<sup>25</sup>

Aullak Sangillivalianginnatuk (Going Off, Going Strong) is a program in Nain, Labrador that sees hunters and fishers mentor high-risk youth. In addition to suicide prevention, the program addresses other community concerns, such as mental health among youth, cultural connections and food security. The program's multiple approaches to local concerns makes it a cost-effective outreach program.

In Greenland, the National Strategy for Suicide Prevention was created as a multi-sectoral initiative to address suicide across the region. Created in 2004, the program aims to increase co-ordination of suicide prevention across all sectors. Through continuous evaluations, the Strategy has shown positive results. "This national approach has made it easier to implement a given action or intervention throughout the country and share ideas and results across regions."

In 2006, the U.S. National Institutes for

Medical Health, Indian Health Service; Health Canada; and the Canadian Institutes for Health Research, Institute for Aboriginal Peoples Health collaborated to host a conference in Albuquerque, New Mexico on sharing current information on Aboriginal suicide. The conference brought together researchers, service organizations, youth, representatives from community programs, and governments to foster collaboration and generate new ideas and research on prevention.<sup>26</sup>

"Participants expressed the need for community-specific approaches that respect the cultural diversity of Aboriginal communities. They noted the reluctance of many in communities to discuss the issue of suicide due to shame and stigma. Some of this stigma can be counteracted by emphasizing life-affirming messages and strategies." In particular, participants agreed that special attention was needed on the social, cultural and historical contexts of Aboriginal health, specifically that:

- cultural knowledge, beliefs, and practices must be the basis of improving the health of communities;
- suicide must be understood in the social and historical context of colonization, marginalization and globalization;

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25 A.C. Silvikien and G. Heatta, Sami Psychiatric Youth Team: a Cultural Sensitive Treatment Approach of Suicidal Behaviour Problems and Substance Abuse in Indigenous Sami. (Karasjok, Norway: Sami National Center for Mental Health, 2006).

26 National Institute of Mental Health, "Prevention of Mental Disorders," NIMH RSS, 2006, accessed June 18, 2015, <http://www.nimh.nih.gov/research-priorities/scientific-meetings/prevention.shtml>.

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- traditional knowledge, along with the roles of Elders and spiritual leaders must be respected as a basis of community health; and
- self-governance is central to the experience of health and is an important factor in determining Aboriginal community health.

In New Zealand, a thorough review of suicide prevention was undertaken as part of the National Strategy for Suicide Prevention. Four categories were used to categorize programs: 1) strong evidence that the program is beneficial (required randomized controlled trials with consistent evidence); 2) promising evidence that the program is beneficial (some evidence exists but it is not strong); 3) it may be beneficial (no clear evidence of effectiveness); and 4) the program is harmful (there is evidence that the intervention can have some negative effects). The researchers noted that, as with other reviews, the evidence is thin on the efficacy of many existing suicide prevention initiatives. “In fact, strong claims are sometimes made about the effectiveness of programs that have not been adequately evaluated. Three approaches met the criteria for strong evidence: 1) training medical practitioners in screening and treatment of suicidality;

2) restriction of means; and 3) education focusing on enhancing the skills of community, organizational, and institutional gatekeepers.”<sup>27</sup>

Promising initiatives with some evidence of effectiveness included:

1. support after suicide attempts;
2. medication treatment for specific disorders such as depression that are linked to suicidal behaviour (e.g. antidepressant medication);
3. psychotherapy and psychosocial interventions, including cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT), dialectical behaviour therapy (DBT), and some forms of problem-solving therapy;
4. public awareness education and mental health literacy;
5. screening for depression and suicide risk;
6. crisis centres;
7. school-based skill enhancement programs;
8. encouraging responsible media coverage; and
9. supporting family, extended family and friends of the bereaved after a death by suicide.<sup>28</sup>

27 Annette Beautrais and Gregory Luke Larkin, “Suicide Prevention in New Zealand,” *Oxford Textbook of Suicidology and Suicide Prevention: a Global Perspective* (Oxford : Oxford University Press, 2009), 786-88.

28 Ibid.

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**Honouring our Youth was an opportunity to celebrate all young people, and to make sure they know they have supports and they have the strength to lead and make positive choices.**

The Culture and Mental Health Research Unit Working Paper 14, *Current Approaches to Aboriginal Youth Suicide Prevention and the Network for Aboriginal Mental Health Research*, states that the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) was developed with the goal of reducing risk factors and promoting protective (preventive) factors against suicide.<sup>29</sup> The strategy focuses on health and well-being, community readiness, and the involvement of youth. The guiding principles of the National Aboriginal Youth Prevention Strategy have been: 1) evidence-based; 2) support for community-based approaches; 3) culturally appropriate; 4) address all levels of prevention; 5) involve youth; 6) consider varying levels of community-readiness; 7) promote preventing suicide as the responsibility of all; and 8) promote life and well-being.

The Our Voices: Yukon First Nation Emerging Leaders, Youth Gatherings initiative led and driven by First Nation emerging leaders in the Yukon, has provided positive experiences and opportunities for

youth in the Yukon. The group began its work in efforts to provide supports to youth, and with an interest in lowering suicide rates, promoting mental wellness, and increased self-esteem and engagement for First Nations in the Yukon and neighboring nations and/or communities.<sup>30</sup>

The first ever Yukon First Nation Emerging Leaders Gathering was held at Brooks Brook in Teslin, Yukon, in August 2014. This gathering focused on inspiring, motivating, and engaging youth and emerging leaders in the Territory and was a huge success. The gathering covered an array of topics from self-awareness, mental wellness, addictions, substance abuse, support systems, traditional knowledge and roles, self-government and land claims, leadership and community development. As it was the first event of its kind, the organizers recognized the need for ongoing supports and as such, the Our Voices group of YFN Emerging Leaders continued its work and has transitioned into a group of 30 committed community leaders leading positive change in the Yukon.

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29 Laurence Kirmayer et al., *Current Approaches to Aboriginal Youth Suicide Prevention*, CMHRU Working Paper no. 14 (Montréal: Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, Jewish General Hospital, 2009), accessed April 16, 2015, <http://www.mcgill.ca/tcpsych/files/tcpsych/Report14.pdf>.

30 Myles Dolphin, "Event Seeks Young First Nation Leaders," Yukon News, August 1, 2014, accessed March 28, 2015, <http://yukon-news.com/news/event-seeks-young-first-nation-leaders/>.

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In April 2015, the Honouring our Youth event brought together over 50 youth together in Whitehorse and offered an afternoon of workshops focused on self-esteem and leadership in a highly interactive and supportive environment. The evening offered a concert for youth and families featuring local talent. The event was well received by participants. Success was achieved through offering an event for youth, by youth, that integrated culture and tradition with a focus on self-awareness and personal leadership development. The intention behind the event was to honor and celebrate youth, as this past year in the Yukon has been challenging due to many youth deaths by suicide and other violent acts in the communities. Honouring our Youth was an opportunity to celebrate all young people, and to make sure they know they have support and they have the strength to lead and make positive choices. Lastly, this event was also used as a launch and pre-registration opportunity for the upcoming Strength within Circle youth gathering, which the second Our Voices group will be hosting in partnership with the Kwanlin Dun First Nation.<sup>31</sup>

The Strength within Circle gathering will

take place from Friday, July 3 to Sunday, July 5, 2015, at the Jackson Lake Healing Camp. This cultural gathering will provide an engaging opportunity for youth and the people who support them to further understand the effects of trauma and work toward healing. Organizing a gathering to spend time on the land as a group is in response to the voices of youth and led by Our Voices-Yukon First Nation Emerging Leaders. In the land-based setting of Jackson Lake Healing Camp, youth and other attendees will share in culture, ceremony and celebration of reconnection and reclamation.

The participants will be living on the land together in healthy community for three days. The youth, Elders and support people will gather in a series of large and smaller circles

**Although there is obviously an increased need for health services amongst Inuit who experience much higher levels of mental health and wellness-related issues than their southern counterparts, access to and availability of health care is much lower in the North.**

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31 "Strength Within Circle: Youth Wellness Gathering," Heyevent.com, accessed June 18, 2015, <http://heyevent.com/event/a2gtyuw2aaxdaa/strength-within-circle-youth-wellness-gathering>.

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and presentation sessions to learn, share and grow. Cultural ways of sharing stories and teachings will be balanced with more contemporary upbeat presentations and experiential learning sessions.

The Gathering will be designed to support youth in networking, building resilience and confidence, making peer-to-peer connections, increasing awareness of resources and facilitating the youth's voice into the future. Other participants will include health and social directors, outreach workers, youth and recreation co-ordinators, First Nations counsellors and other individuals currently working with youth.

The participants will leave the gathering with ideas and tools that are useful in daily lives and work to inspire youth to make change. In addition, they will help build a renewed sense of community with a common purpose and commitment to move forward together. A strong caring circle working from strengths and culture to address needs and solve problems will be built. The event will connect to culture, identity and spirit. It will address suicide awareness and prevention; health and wellness; trauma and grieving; and lateral violence.

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## MENTAL HEALTH SERVICES AND PROGRAMS

Although there is obviously an increased need for health services amongst Inuit who experience much higher levels of mental health and wellness-related issues than their southern counterparts, access to and availability of health care is much lower in the North. One report found that “Despite Canada’s universal health care system that aims to protect the health of all citizens, not all Canadians have equal access to high quality care. Canadian Inuit face significant challenges in accessing health services, not only relating to physical access, but also the nature, quality and appropriateness of the services.”<sup>32</sup>

Canada’s universal health care system ranks among the best in the world. The government takes pride in providing health services to each and every citizen of Canada. Although this fact is touted by the government, “not

all Canadians have equal access to health services. Aboriginal peoples, in particular, are an underserved group. Despite some recent improvements to health indicators, it is widely recognized that there are significant disparities in the health of Aboriginal peoples in Canada compared to other Canadians.”<sup>33</sup>

The delivery of health services throughout the North is complicated by a number of factors. Varying governance structures, isolation, high costs, and a lack of infrastructure and trained health care providers makes the delivery of these services in the North very complicated.

Health services throughout Inuit Nunangat are provided by a combination of the federal, provincial, and territorial governments. Responsibilities of the federal government include “administering national principles for the system under the Canada Health

**The delivery of health services throughout the North is complicated by a number of factors. Varying governance structures, isolation, high costs, and a lack of infrastructure and trained health care providers make the delivery of these services in the North very complicated.**

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32 Josée Lavoie et al., “The Aboriginal Health Legislation and policy framework in Canada,” National Collaboration of Centre for Aboriginal Health, 2011, accessed May 16, 2015, [http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/2/Health Legislation and Policy\\_English.pdf](http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/2/Health%20Legislation%20and%20Policy_English.pdf).

33 National Collaborating Centre for Aboriginal Health, Access to Health Services as a Social Determinant of First Nations, Inuit and Métis Health (Canada: National Collaborating Centre for Aboriginal Health, 2009), accessed June 18, 2015, [http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/22/Access%20to%20Health%20Services%20\(English\).pdf](http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/22/Access%20to%20Health%20Services%20(English).pdf).

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Act; financial support to the provinces and territories; the direct delivery of primary and supplementary services to certain groups of people; public health programs; health protection; and funding for health research and health information activities.”<sup>34</sup>

The cost of providing health care is divided between the federal and provincial/territorial government, while the provinces and territories administer and deliver most of Canada’s health care services.

In addition to the benefits all Canadians are entitled to under universal health care, Inuit also receive additional benefits through the Non-Insured Health Benefits Program. Those benefits extend to dental, drug, vision, crisis mental health services, and medical transportation benefits. The program is one of the biggest federal expenditures and is administered in some regions by or for Health Canada. Because the funding is included within the same budget as that provided to First Nations, it is “difficult to analyze the effectiveness of this funding for Inuit.”<sup>35</sup>

Additional services are also provided to Inuit by their respective land claims organizations. Services such as counselling are offered in

varying forms and to varying degrees. National bodies with representation from each of the regions have also provided various services and have taken it upon themselves to address the issues of mental health and wellness. They include Inuit Tapiriit Kanatami’s Department of Health and Social Wellness, the National Inuit Youth Council and Pauktuutit, the national Inuit women’s organization.

### Barriers to health services access

A number of factors present challenges in the delivery of health services to Inuit communities. Isolation, sparse populations, a lack of qualified staff and infrastructure all contribute to the sub-par services found throughout Inuit Nunangat.

With the exception of the major centres, “the majority of Inuit communities lack hospitals. Health care is alternatively delivered through community health centres primarily staffed by Community Health Nurses and Nurse Practitioners.”<sup>36</sup>

The health care providers who do provide these limited services are often overworked and underqualified, which contributes to a lower quality of service.

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34 Ellsworth L, O’Keeffe A. Circumpolar Inuit health systems. *International Journal of Circumpolar Health*. 2013;72:10.3402/ijch.v72i0.21402. doi:10.3402/ijch.v72i0.21402.

35 Inuit Circumpolar Council Canada, Health Systems Serving Inuit Communities Across the Arctic (Arctic Council Sustainable Development Working Group and Health Canada, Northern Region, 2011), accessed May 10, 2015, <http://www.inuitcircumpolar.com/uploads/3/0/5/4/30542564/finalcircumpolarinuithealthsystems.pdf>.

36 Inuit Tapiriit Kanatami, “Comprehensive Report on the Social Determinants of Inuit Health by National Inuit Organization.”

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These restraints not only affect the quality of the services delivered, they also have an effect on the overall health and life expectancy of Inuit, which are much lower than their southern counterparts.

One study found that “of the 52 communities across Inuit Nunaat that are home to most of Canada’s Inuit population, none have year-round road access and only a few have hospitals.” In these remote communities, health care services are often administered through health centres that are often staffed by only nurses rather than doctors. Northern patients are more likely to lack access to specialized health care professionals such as family physicians, dentists, and other medical specialists, largely because these specialists do not reside in the community, only flying into communities for a short duration to see patients and then promptly flying out.<sup>37</sup>

The remoteness and isolation of communities also plays a large role in the acquisition and retention of qualified health care professionals. This reality translates into “a lack of permanent health professionals coupled with low retention rates result in less continuity of care, which reduces the

effectiveness of health services.”<sup>38</sup>

This situation means that many Inuit must leave their communities in order to receive the health care they require. They are sent to larger urban centres in the south at a very high cost.

This burden of travel to an unfamiliar location can be very intimidating and overwhelming for Inuit patients and is often accompanied by very long wait times to receive the specialized care they require. This reality “means leaving behind their communities and their support networks. For 2005, 5% of Inuit adults in Inuit Nunaat indicated they had to temporarily be away from home one or more months due to illness.”<sup>39</sup>

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37 Heather Tait, Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions (Ottawa: Statistics Canada, 2008), accessed April 8, 2015, <http://www.statcan.gc.ca/pub/89-637-x/89-637-x2008001-eng.pdf>.

38 National Collaborating Centre for Aboriginal Health, Access to Health Services as a Social Determinant of First Nations, Inuit and Métis Health, 2

39 Ibid.

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### Strategies for improving access to health services

Efforts to improve the delivery of health care services in the North have been heavily examined by government, academics, and the Inuit community alike.

The report on the social determinants of Inuit Health recommends “Inuit-specific treatment programs and services [that] could better meet the needs of communities by incorporating traditional healing approaches, responding to priorities, and provide a continuum of care.”<sup>40</sup> It recommends “targeting not just efforts to improve access by increasing an individual’s ability to be seen by health professionals in a timely manner, but also the many socio-economic disparities that act as barriers to accessing health services. Approaches that take into account the social, economic, political, and cultural impacts on health, such as social determinants-based frameworks, must be applied. Until these disparities diminish, access to health services will continue to be a concern for Aboriginal peoples.” Four specific characteristics that are integral to such a new approach are as follows:

- provision of culturally-sensitive and appropriate health care services
- a shift towards preventive health and health promotions services
- the need to build on Aboriginal capacities and strengths
- emphasis on local control and authority over health care services

Improving the health care system in Inuit Nunangat is a very large undertaking that will require efforts of not only the various levels of government, but of the people in order to create a system that is made up of qualified Inuit health care providers who are able to deliver services in an efficient and culturally appropriate manner.

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40 L. Archibald and R. Grey, *Evaluation of Models of Health Care Delivery in Inuit Regions* (Ottawa: Inuit Tapiriit Kanatami, 2006).

## RECOMMENDATIONS

We would like to echo the sentiment expressed by Jack Hicks in *Toward More Effective, Evidence-Based Suicide Prevention in Nunavut* as an introduction to our recommendations:

... there is cause for optimism. There is no reason why Nunavummiut and other Inuit should suffer decades of elevated rates of suicide among their young men — it is possible to break the cycle of transmission of historical trauma. We must quickly apply suicide prevention lessons learned in other jurisdictions to Nunavut, starting with an aggressive program of gatekeeper education (suicide alertness and intervention training). The fledgling Nunavut government, with its limited resources, may not be capable of solving the problem on its own. There is an urgent need for the Government of Canada to acknowledge the nature and scope of the problems and to commit the resources required to address them. In a rich country like Canada, the state is quite capable of significantly influencing the

social determinants of mental health if it chooses to do so. It is high time that it did.<sup>41</sup>

The broad scope of the subject matter addressed in this report, limited time available for its completion and the authors' lack of related expertise and experience restricts us to a number of high level recommendations, which, it is hoped, will encourage others to take initiatives on a number of important fronts.

The group recommendations are as follows:

1. Recognize the urgent need for action – Leaders in communities, businesses, civil society and regional/territorial organizations should recognize the urgent need for concerted and collaborative effort to enhance mental wellness programs serving Northern communities.
2. Public awareness and education – Northern leaders should mount public awareness and education programs to reduce the stigma attached to mental illness and enhance individual capacities to find the internal strength and external support required to cope with mental health issues.

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41 Jack Hicks, "Toward More Effective, Evidence-Based Suicide Prevention in Nunavut," last modified April 27, 2009, accessed March 14, 2015, [https://www.lakeheadu.ca/sites/default/files/uploads/53/outlines/2014-15/GEOG3671/Project/Hicks\\_J\\_2009\\_Suicide.pdf](https://www.lakeheadu.ca/sites/default/files/uploads/53/outlines/2014-15/GEOG3671/Project/Hicks_J_2009_Suicide.pdf).

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3. Traditional practices – Northern leaders should make every effort to expand the availability and quality of mental wellness programs that incorporate means for Northerners to recapture their traditional cultures, spirituality and languages.
  4. Dialogue and celebration – Northern leaders should support and facilitate an ongoing dialogue on and celebration of mental wellness.
  5. “Not for us, without us” — Community members should be actively involved in the design and delivery of mental wellness programs.
  6. Community/culturally based programs and staff – Resources should be found to augment community programs and trained staff.
  7. Private sector employee support – Private sector employers should be encouraged, or required, to provide Employee Assistance Program (EAP) support for their employees.
  8. Training and development – Training and development programs should be provided to enable community members to play a full range of roles, from health professionals to volunteers, in the delivery of mental wellness programs.
  9. Service delivery organization collaboration – The complex array of service delivery agencies should develop the collaborative organizational mechanisms and communications processes required to fill gaps and streamline and connect existing service delivery systems.
  10. Experimentation and innovation – Resources should be provided to support experimental and innovative mental wellness programs incorporating traditional practices.
  11. Northern Strategy – A collaborative effort is required to develop a comprehensive mental wellness strategy for the North.
  12. Research and evaluation – Resources should be provided to augment related research and program evaluation efforts.
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